Family Medicine Residency Program
Goals and Objectives Handbook

As of 22 March 2006
(Supersedes 1 July 2004 edition)

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(Addition/Updates identified by an asterisk (*))

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ADOLESCENT MEDICINE

Administrative Information.

LENGTH. Two/Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. None for a two week rotation and one week for the four week rotation.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Five.
PREFERRED FM CLINIC TIMES. Thursday, Friday, Monday and Tuesday AM and Monday PM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Adolescent Medicine.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Not required.
INPATIENT CARE. Not required.
SCHEDULED REQUIREMENTS:
CALL REQUIRED. Yes, Family Medicine call.
SUGGESTED READINGS. As assigned by supervisors.

Specific Goals for Adolescent Medicine.

-- Understand the normal growth, development, and sexual maturation of the adolescent patient, to include Tanner staging.
-- Appropriately counsel and manage problems encountered in the adolescent period, to include:
-- Acne.
-- Menstrual disorders.
-- Behavioral problems.
-- Drug, alcohol, and tobacco abuse.
-- Interpersonal violence as a health issue.
-- Diabetes mellitus and diabetic ketoacidosis.
-- Health risks for homeless/runaway adolescents.
-- Inappropriate family dynamics and interactions.
-- Eating disorders, including obesity, bulimia, and anorexia.
-- Major threats to life/health (accidents, drowning, suicide, homicide).
-- The adolescent athlete (preparticipation PE, injury prevention, health problems of athletes).
-- Orthopedic problems (scoliosis, Osgood-Schlatter ds, slipped capital femoral epiphysis).
-- Growth or maturation abnormalities, to include short stature and delayed puberty.
-- Sexual activity, to include “safe sex”, pregnancy, contraception, and sexually transmitted diseases (including HIV).
-- Understand the intricacies of the parent-child relationship as well as the psychosocial implications of chronic diseases in children.
-- Develop the ability to become a resource for other physicians.
-- For further optional goals for this rotation, see AAFP Core Curriculum on Adolescent Health.

Evaluation.

-- Online evaluation (MyEvaluations.com) at completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared September 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed March 2004 and minor changes made.

ALLERGY AND CLINICAL IMMUNOLOGY

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Five.
PREFERRED FM CLINIC TIMES. Thursday, Friday, Monday, Tuesday and Wednesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Allergy and Clinical Immunology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes, as deemed appropriate by neurology staff.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. None except for routine follow-up on inpatient consults.
CONFERENCES. None.
CALL REQUIRED. No.
PRESENTATIONS. No.
SUGGESTED READINGS. As directed by attending staff.

Specific Goals for Allergy and Clinical Immunology.

-- Common clinical presentations.
  -- Anaphylaxis.
  -- Asthma.
  -- Drug allergies.
  -- Food allergies.
  -- Mastocytosis.
  -- Ocular allergy.
  -- Rhinitis.
  -- Sinusitis.
  -- Mammography.
  -- ABPA and hypersensitivity pneumonitis.
  -- Atopic dermatitis and other rashes.
  -- Hymenoptera and other insect allergies.
  -- Primary and secondary Immunodefeciency in adults and children.
  -- Urticaria and angioedema including acquired and hereditary angioedema.
-- Procedure Skills.
  -- Routine immunization.
  -- Travel and deployment immunizations.
  -- Spirometry and spirometric response to bronchodilators.
  -- Exercise testing.
  -- Be familiar with methacholine challenge testing.
-- Diagnostic Testing.
  -- Delayed type hypersensitivity skin tests.

-- Allergen prick and intradermal skin testing.
-- Pulmonary function testing including body box testing.
-- Drug allergy testing and desensitization protocols.
-- RAST testing.
-- Testing for hereditary angioedema.
-- Be familiar with airway challenge testing.
-- Work up of immunodefeciency including the use of immunoglobulin levels, functional assessment of antibody response, flow cytometry, in vivo and in vitro functional studies of t-cells.
-- The proper use of IgE and eosinophil counts.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared September 2000 by Major Danny K. Worwood, M.D.
Reviewed March 2004 and minor changes made.

ANESTHESIOLOGY

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Five.
PREFERRED FM CLINIC TIME. Variable, five half-days in FM clinic, four half-days in anesthesiology and one day administrative/research.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes, unless early OR cases require attendance.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. No.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in FP clinic in PM.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Anesthesiology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). As per rotation supervisor.
INPATIENT CONSULTS. As per rotation supervisor.
SCHEDULED REQUIREMENTS:
ROUNDS. None.
CONFERENCES. As required in anesthesia and FM conferences as above.
CALL REQUIRED. FM.
PRESENTATIONS. None.
SUGGESTED READINGS. As per anesthesiology attending/directed to patient care.

Specific Goals for Anesthesiology.

-- Participate in anesthesiology services to include patient management during surgery.
-- To gain anesthesia skills for use in a Family Medicine setting.
-- To gain perspective on outpatient anesthesia to include administration of anesthetics and management pre and post-operatively and intrapartum.

Psychomotor Skills.

-- Airway management skills.
-- ET indoctrination and anesthesia management.
-- IVF management pre/intra/post-operatively.
-- LIA and epidural anesthesia.
-- OB anesthesia.
-- IV sedation.
-- Regional anesthesia.
-- Familiarization with pharmacology of basic agents.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared August 1995 by LTC David D. Ellis, D.O.

Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed March 2004 and minor changes made.

BEHAVIORAL SCIENCE

Administrative Information.

LENGTH: Weekly throughout residency.
STATUS: Required all year groups.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION: Not applicable.

Responsibilities to Family Medicine.

FM BEHAVIORAL SCIENCE LECTURE REQUIRED: Yes.
FM BEHAVIORAL SCIENCE SUPPORT GROUP REQUIRED: Yes for PGY 1.
FM BEHAVIORAL SCIENCE BALINT REQUIRED: Yes for PGY 2 and PGY3.
FM BEHAVIORAL SCIENCE COUNSELING CLINIC REQUIRED: Yes. Tuesday and Thursday PM (1300 – 1600) for PGY 2s during Psychiatry Rotation. Opportunity extended to PGY3s.
VIDEOTAPING OF MEDICAL ENCOUNTERS REQUIRED: Yes. One to two times during PGY 1 year.
HOME VISITS REQUIRED: Yes. On the first and third Friday PM's of the Family Medicine Clinic, Geriatrics, and Preventive and Community Medicine rotations.

Specific Goals for Behavioral Science.

-- Opportunities to develop the following skills and goals will be provided through Behavioral Science Lectures, Grand Rounds, Morning Report, Wednesday Lecture Series, Counseling Clinic, FMIT Hospital Rounds, the Psychiatry Rotation in PGY 2, TRISARF and interactions with the Behavioral Health Psychologists.

Patient Care:

-- Display understanding of the significance of the empathic response in every patient visit.
-- Understand normal psycho-social growth and development in individuals & families.
-- Identify the family life cycle and its implication for family medicine.
-- Understand the initial evaluation and management of behavioral emergencies and family safety, to include:
    -- the suicidal patient.
    -- the violent patient.
    -- the physically abused patient.
    -- the sexually assaulted patient.
-- Develop an understanding and demonstrate skills in the following:
    -- The BATHE technique.
    -- Appropriate interviewing/counseling skills to include but not limited to brief therapy or solution focused techniques.

Medical Knowledge:

-- Demonstrate the capability recognize the common symptoms of the following and then diagnose, manage and, if necessary, appropriately refer patients who exhibit psychiatric disorders in both children and adults commonly seen in Family Medicine. Such disorders should include but not be limited to the following:
    -- mood and anxiety disorders.
    -- somatoform and psychosomatic disorders.
    -- adjustment disorders.
    -- organic mental and psychotic disorders.
    -- personality disorders.
    -- childhood problems as ADHD and conduct disorders.
    -- eating disorders (anorexia-bulimia).
    -- alcohol and other substance dependent disorders.
    -- factitious disorders and dissociative disorders.
    -- Management should include a thorough understanding of psychopharmacology.
-- Understand the following therapeutic modalities:

-- hypnosis.
-- biofeedback.
-- insight oriented therapy.
-- group therapy.
-- the general indications, use, and limitations of neurological and psychological testing.

Medicine Based Learning and Improvement:

-- Utilize the Balint Group to investigate and evaluate the doctor-patient relationship and assimilate the learning to implement improvements in patient care.

-- Incorporate consultation findings, applicable resources and scientific evidence to demonstrate the capability to elicit, recognize, diagnose, and manage common symptoms of emotional aspects of non-psychiatric disorders such as, but not limited to, the following:

-- chronic medical conditions.
-- chronic pain.
-- terminal illness and death and bereavement.
-- violence in families.
-- neglect, abuse, sexual abuse of children.
-- abuse of spouses.
-- abuse and neglect of elders.
-- effects of violence both in past and present.
-- marital problems.
-- acute illness and hospitalization.
-- behavioral problems in children.
-- alcohol and drug use.
-- complications in single parent families.
-- stress in step families.
-- sexual problems.
-- issues related to the military family.

Interpersonal and Communication Skills:

-- Understand and address factors that influence patient compliance/non compliance.

-- Participate in video clinic and the review of the patient interviews to enhance interviewing skills and the effectiveness of information interchange.

-- Deliver information and instructions to patients and family in a respectful, clear, age appropriate, culturally competent manner to foster patient understanding and compliance.

Professionalism:

-- Have some exposure and sensitivity to gender, race, age, and cultural differences in patients.

-- Review and discuss medical ethics, including patient autonomy, confidentiality, and issues concerning quality of life.

-- Demonstrate reasonable professional behavior, ethical principles and sensitivity in dealing with diverse patient's and patient populations; understanding the impact of working with but not limited to:

-- diverse ethnic populations/cultures.
-- the seductive patient.
-- the demanding patient.
-- the tearful patient.
-- the non-compliant patient.
-- the angry patient.
-- narrative techniques.
-- individual differences.

System-based Medicine:

-- Know factors that influence health & safety in the home and community.

-- Know family systems theory, its application to family medicine and when to include others (family, consultation, etc.) to optimize patient care and compliance.

-- Obtain exposure to other resources for care:

-- social work services.
-- sheltered workshops.
-- crisis centers.
-- self-help groups.
-- substance abuse treatment.
-- hospital and community resources.

Evaluation.

-- Quarterly Review.
-- Direct observation and formal/informal feedback throughout residency.

Prepared February 2002 by Ms. Pamela Haynes, DCSW
Reviewed March 2004 and minor changes made.
Reviewed/Revised January 2006 by Ms. Barbara Johnson, LICSW.

CARDIOLOGY INPATIENT TEAM (CIT)

Administrative Information.

LENGTH: Four weeks.
STATUS: Required for PGY 2.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION: One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS IN FM CLINIC: One.
PREFERRED FM CLINIC TIMES: Thursday PM.
FM MORNING REPORT ATTENDANCE REQUIRED: Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED: Yes.
FM CALL REQUIRED: No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS: No, social rounds only.
RESPONSIBLE FOR FM OB PANEL PATIENTS: Yes.

Responsibilities to Cardiology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS): No.
INPATIENT CONSULTS: Yes.
INPAITENT CARE: Yes.
SCHEDULED REQUIREMENTS:
ROUNDS: Yes.
CONFERENCES: Yes.
CALL REQUIRED: Yes.
PRESENTATIONS: No.
SUGGESTED READINGS:
-- ACC/AHA Clinical Statement/Guidelines (www.acc.org).
-- Mayo Clinic Cardiology Review 2nd edition.
-- Electrocardiography in Clinical Practice, 4th edition by Chou, T.
-- The Complete Guide to ECGs by O'Keefe, JH (optional).
-- Echocardiography, 6th edition by Feigenbaum, H (optional).
-- Grossman's Cardiac Catheterization, Angiography, and Intervention, 6th edition by Baim, DS (optional).

Specific Goals for Cardiology.

Patient Care:
-- Ability to perform, based on availability of patents with need:
-- Central venous catheterization.
-- Arterial catheterization.
-- CPR and ACLS.
-- GXT/treadmill testing.
-- Airway management/intubation.
-- Chest radiograph reading.
-- Transvenous pacer.
-- EKG interpretation.
-- Electrocardioversion.
-- Ultrasonographic interpretation.
-- Assume primary care role for all assigned inpatients.
-- Gain detailed knowledge of assigned inpatients including lab results, proposed tests, physical exam changes, and working diagnosis.
-- Understand the risks for coronary artery disease and develop the necessary skills in health promotion and counseling patients in this area.

Medical Knowledge:

-- Competency in interpreting studies such as:

-- EKG.

-- Cardiac catheterization results.

-- Cardiac monitoring.

-- Echo results.

-- CXR.

-- GXT/treadmill test.

-- Understand the initial management of acute myocardial infarctions, including the indications and complications of thrombolytic therapy.

-- Understand the principles of care for those patients with myocardial infactions.

-- Understand the inpatient evaluation and differential diagnosis for chest pain.

-- Understand the principles of post-MI rehabilitation.

-- Understand the use of temporary cardiac pacing, including the indications and limitations.

-- Understand the use of non-invasive cardiac evaluation, including the indications and limitations for Echo, GXT, Pharmacologic stress testing, and MUGA).

-- Understand the indication and limitations for invasive cardiac evaluations.

-- Understand when angioplasty and coronary bypass grafts are indicated.

-- Understand how to care for the post-op cardiac patients.

-- Know how to recognize and manage the following acute cardiac conditions:

-- pulmonary edema.

-- pericardial disease.

-- congestive heart failure.

-- sudden death.

-- valvular heart disease.

-- acute MI.

-- dysrhythmias.

-- unstable angina.

Medicine Based Learning and Improvement:

-- Ability to apply the knowledge, skills, and attitudes learned on the rotation to improve care of panel patients.

-- Gain the ability to differentiate those cardiac problems that require intensive care from those that can be safely managed on the ward.

Interpersonal and Communication Skills:

-- Succinctly and unambiguously communicate the information about a case verbally to the patient and your team, and to a consultant in writing.

-- Give concise presentations in morning report.

-- Master timely and coherent charting and dictations.

-- Recognize and manage the psychosocial issues of cardiac disease.

-- Communicate appropriate counseling to patient in regards to prevention of cardiac disease.

Professionalism:

-- An appreciation for the importance of compassionate care for the critically ill patient and caring professional communication with his/her family and significant others.

-- Learn to work with nurses and health care providers from other departments in a professional manner.

System-based Management:

-- Understand the role of the Cardiologist as consultant.

-- Understand the role of the Family Physician in dealing with acute cardiac conditions, and the proper process for referral of care.

Evaluation.

-- Online evaluation at the completion of the rotation (MyEvaluations.com).

-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Updated September 2000 by Major Danny K. Worwood, M.D.
Reviewed March 2004 and minor changes made.
Reviewed/Revised February 2006 by Major Dawn C. Uithol, M.D.

COMBINED COLPOSCOPY AND OPHTHALMOLOGY

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. Five days.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Two.
PREFERRED FM CLINIC TIMES. See chart below.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	OPHTH	OPHTH	COLPO LEC	OPHTH	FPC
PM	COLPO	FPC	LEC	COLPO	FPC

FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Family Medicine and Ophthalmology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. No.
CONFERENCES. As scheduled by ophthalmology staff only.
CALL REQUIRED. No.
PRESENTATIONS. As assigned by ophthalmology staff only.
SUGGESTED READINGS.
-- A Manual of Clinical Colposcopy, Thomas M. Julian, M.D., Parthenon Publishing 1998.
-- Selected Case-Studies.
-- Comprehensive Review of Colposcopy CD-ROM by ASCCP/ACOG.
-- Selected articles by colposcopy staff.
-- Home Study Guide on Ophthalmology.
-- Standard texts on ophthalmology.
-- Others as assigned by ophthalmology staff.

Specific Goals for Colposcopy.

-- Understand the gross and microscopic anatomy and physiology of the normal cervix.
-- Understand etiologic and epidemiologic factors for lower genital neoplasia including the role of HPV.
-- Properly perform and interpret cervical cytologic samples, including understanding the Bethesda System.
-- Familiarize with the cytology and histology of abnormal cervical tissue.
-- Understand the indications for an limitations of colposcopy.
-- Properly select, counsel, prepare and perform colposcopy on the patient including management of procedural complications and post procedure care of the patient.
-- Recognize and understand the implications of abnormal findings of the transformation zone.
-- Understand indications for cervical punch biopsy and endocervical curretage.

-- Correlate cytology, colposcopy and histology.
-- Appropriately triage treat, and/or refer patients.
-- Understand how to threat special categories of patients such as adolescent, pregnant and post-menopusal patients.
-- Introduce the principles of cryotherapy and LEEP.
-- Document and follow up of colposcopy patients.
-- Demonstrate proficiency in psychomotor skills listed below.
-- Score 80% or better on the written and slide recognition test.

Specific Goals for Ophthalmology.

-- Learn the normal growth and development and variants of the eye.
-- Learn the anatomy of the eye and physiology of vision.
-- Understand the effects of and problems of aging on vision.
-- Recognize, understand the pathophysiology, evaluate, manage, and know when to appropriately refer the following:
    -- Ocular trauma to include lid lacerations, corneal abrasions, foreign bodies, chemical burns, ruptured globe and blunt trauma.
    -- Eye pain.
    -- The “Red Eye”.
    -- Conjunctivitis, iritis, and uveitis.
    -- Acute and gradual visual loss.
    -- Retinal and optic disc abnormalities.
    -- Periorbital cellulitis.
    -- Floaters and retinal detachments.
    -- Glaucoma.
    -- Cataracts.
    -- Blocked tear duct.
    -- Blepharitis, hordeolum, and chalazion.
    -- Motor alterations of the eye (strabismus, amblyopia).
-- Recognize papilledema and know its causes.
-- Recognize the ocular signs of systemic diseases:
    -- Diabetes mellitus.
    -- Hypertension.
    -- Thyroid disease.
    -- Collagen vascular disease.
    -- Sarcoidosis.
    -- Sickle cell disease.
    -- AIDS.
-- Know the indications and contraindications of tropical agents, along with their local and systemic effects.
-- Understand the role of the ophthalmologist as consultant.

Psychomotor Skills.

-- Indirect and direct funduscopy.
-- Slit lamp examination.
-- Pupil dilation.
-- Fluorescein staining.
-- Eye culture and patching.
-- Visual acuity and peripheral vision screening.
-- Application of tropical anesthetic agents.
-- Removal of superficial foreign body from cornea.
-- Place speculum to allow adequate visualization of cervix.
-- Properly collect Pap smear.
-- Use colposcope to visualize transformation zone using saline, acetic acid and Lugol's solution with white and red-free light.

-- Identify the most abnormal areas for biopsy.
-- Perform cervical biopsy.
-- Perform endocervical curretage,
-- Effect hemostasis.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.
-- Colposcopy rotation – specific evaluation.
-- Feedback from preceptor during didactic sessions.
-- Feedback from preceptor during colposcopy clinic.
-- Colposcopy – histology correlation.
-- Informal feedback throughout rotation.

Prepared August 2002 by LTC Jan R. Dunn, M.D.
Reviewed August 2003 and added Ophthalmology information as well and making minor correction.
Reviewed March 2004 and minor changes made.

COMBINED COLPOSCOPY AND UROLOGY

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 2.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. Five days.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Two.
PREFERRED FP CLINIC TIMES. See chart below.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	URO (vas)	COLPO	COLPO LEC	COLPO	URO (vas)
PM	COLPO Study	FPC	LEC	FPC	URO

FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Family Medicine and Urology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. No.
CONFERENCES. As scheduled by urology only.
CALL REQUIRED. No.
PRESENTATIONS. As assigned by urology staff only.
SUGGESTED READINGS.
-- A Manual of Clinical Colposcopy, Thomas M. Julian, MD, Parthenon Publishing 1998.
-- Selected Case-Studies.
-- Comprehensive Review of Colposcopy CD-ROM by ASCCP/ACOG.
-- Selected articles by colposcopy staff.
-- As assigned by urology staff.

Specific Goals for Colposcopy.

-- Understand the gross and microscopic anatomy and physiology of the normal cervix.
-- Understand etiologic and epidemiologic factors for lower genital neoplasia including the role of HPV.
-- Properly perform and interpret cervical cytologic samples, including understanding the Bethesda System.
-- Familiarize with the cytology and histology of abnormal cervical tissue.
-- Understand the indications for an limitations of colposcopy.
-- Properly select, counsel, prepare and perform colposcopy on the patient including management of procedural complications and post procedure care of the patient.
-- Recognize and understand the implications of abnormal findings of the transformation zone.
-- Understand indications for cervical punch biopsy and endocervical curretage.
-- Correlate cytology, colposcopy and histology.
-- Appropriately triage treat, and/or refer patients.

-- Understand how to threat special categories of patients such as adolescent, pregnant and post-menopusal patients.
-- Introduce the principles of cryotherapy and LEEP.
-- Document and follow up of colposcopy patients.
-- Demonstrate proficiency in psychomotor skills listed below.
-- Score 80% or better on the written and slide recognition test.

Specific Goals for Urology.

-- Understand the anatomy and physiology of the urinary tract and the male reproductive system.
-- Understand the normal growth and development of the genitourinary system, and understand the variants (congenital, acquired, aging).
-- Understand the mechanism of action, toxicity, adverse reaction, interaction, and dosage of commonly prescribed urologic medication.
-- Accurately diagnose, properly manage, and appropriately consult or refer common urologic conditions and emergencies, such as:
    -- Genitourinary trauma.
    -- Acute testicular torsion.
    -- Acute urinary retention.
    -- Urinary calculi.
    -- Enuresis.
    -- Urinary incontinence.
    -- Genitourinary carcinoma.
    -- Male infertility.
    -- Male sexual dysfunction.
    -- Cryptorchidism.
    -- Phimosis, balinitis.
    -- Hypospadias.
    -- Priapism.
    -- Peyronie's disease.
    -- Urethral stricture.
    -- Prostate disease, including benign prostatic hypertrophy.
-- Accurately diagnose, properly manage, and appropriately consult or refer common urologic infections, to include:
    -- Renal abscesses.
    -- Pyelonephritis.
    -- Cystitis.
    -- Orchitis.
    -- Epididymitis.
    -- Prostatitis.
    -- Sexually transmitted diseases, including venereal warts.
-- Understand the approach to the acute scrotum and scrotal masses.
-- Understand the approach to the evaluation of microscopic and gross hematuria.
-- Understand the differences and management of varicoceles, hydroceles, and spermatoceles.
-- Understand the evaluation and management of recurrent urinary tract infections.
-- Understand the approach to the prostatic nodule and the use of lab assays such as prostatic specific antigen (PSA).
-- Understand the proper cost-effective use of urologic procedures such as:
    -- Intravenous pyelography (IVP).
    -- Renal and transurethral prostatic ultrasound.
    -- Cystoscopy.
    -- Retrograde radiologic and nuclear studies.
    -- Cystometry and other flow studies.
-- Understand the surgical and medical options available for those who have:
    -- BPH.
    -- Sexual dysfunction (i.e. impotence).

Psychomotor Skills.

-- Place speculum to allow adequate visualization of cervix.
-- Properly collect Pap smear.
-- Use colposcope to visualize transformation zone using saline, acetic acid and Lugol's solution with white and red-free light.
-- Identify the most abnormal areas for biopsy.
-- Perform cervical biopsy.
-- Perform endocervical curretage,
-- Effect hemostasis.
-- Perform prostatic massage and evaluate results.
-- Vasectomy.
-- Circumcision, adult, if case load allows.

Evaluation.

-- On line evaluation (MyEvaluations.com) upon completion of rotation.
-- Colposcopy rotation – specific evaluation.
-- Feedback from preceptor during didactic sessions.
-- Feedback from preceptor during colposcopy clinic.
-- Colposcopy – histology correlation.
-- Informal feedback throughout rotation.

Prepared August 2002 by LTC Jan R. Dunn, M.D.
Reviewed August 2003 and separated Urology and Ophthalmology into separate combined Goals and Objectives for Urology and Ophthalmology as well and making minor correction.
Reviewed March 2004 and minor changes made.

COMBINED OPHTHALMOLOGY AND OTOLARYNGOLOGY

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. Five days.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Two.
PREFERRED FM CLINIC TIMES. See chart below.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	CLINIC	OPHTH	CLINIC	OPHTH	CLINIC
PM	CLINIC	ENT	LEC	ENT	CLINIC

FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Ophthalmology and Otolaryngology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. No.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. No.
CONFERENCES. As scheduled by ophthalmology and otolaryngology staff.
CALL REQUIRED. No.
PRESENTATIONS. As assigned by ophthalmology and otolaryngology staff.
SUGGESTED READINGS.
-- Home Study Guide on Ophthalmology.
-- Standard texts on ophthalmology.
-- Others as assigned by ophthalmology and otolaryngology staff.

Specific Goals for Ophthalmology.

-- Learn the normal growth and development and variants of the eye.
-- Learn the anatomy of the eye and physiology of vision.
-- Understand the effects of and problems of aging on vision.
-- Recognize, understand the pathophysiology, evaluate, manage, and know when to appropriately refer the following:
-- Ocular trauma to include lid lacerations, corneal abrasions, foreign bodies, chemical burns, ruptured globe and blunt trauma.
-- Eye pain.
-- The “Red Eye”.
-- Conjunctivitis, iritis, and uveitis.
-- Acute and gradual visual loss.
-- Retinal and optic disc abnormalities.
-- Periorbital cellulitis.
-- Floaters and retinal detachments.

-- Glaucoma.
-- Cataracts.
-- Blocked tear duct.
-- Blepharitis, hordeolum, and chalazion.
-- Motor alterations of the eye (strabismus, amblyopia).

-- Recognize papilledema and know its causes.
-- Recognize the ocular signs of systemic diseases:
-- Diabetes mellitus.
-- Hypertension.
-- Thyroid disease.
-- Collagen vascular disease.
-- Sarcoidosis.
-- Sickle cell disease.
-- AIDS.

-- Know the indications and contraindications of tropical agents, along with their local and systemic effects.
-- Understand the role of the ophthalmologist as consultant.

Specific Goals for Otolaryngology.

-- Understand the basic anatomy and physiology of the ear, nose, sinuses, mouth, pharynx, and larynx.
-- Understand the mechanism of action, toxicity, adverse reaction, interaction, and dosage of commonly prescribed ENT medication.
-- Accurately diagnose, properly manage, and appropriately consult or refer common ENT conditions and emergencies, such as:
-- Facial and nose trauma.
-- Nasal fracture.
-- Maxillary fractures (LaForte I,II,III).
-- External otitis.
-- Vertiginous syndromes.
-- Meniere's disease.
-- Acoustic neuroma.
-- Cholesteatoma.
-- Perforated tympanic membrane.
-- Rhinitis.
-- Acute and chronic sinusitis.
-- Anterior and posterior nose bleeds.
-- Pharyngitis.
-- Tonsillitis.
-- Peritonsillar cellulitis/abscess.
-- Acute epiglottitis.
-- Laryngitis.
-- Chronic hoarseness.
-- Neck masses.
-- Chronic cervical adenopathy.
-- Foreign bodies found in the ear, nose, and oral cavities.
-- Acute and chronic serious and supportive otitis media.

-- Understand the approach and management of the different types of hearing loss.
-- Understand the approach and management of "dizziness".
-- Understand the proper cost-effective use and indications of ENT procedures such as:
-- PE tubes.
-- Tonsillectomy.
-- Myringotomy.
-- Sinus drainage.

Psychomotor Skills.

-- Indirect and direct funduscopy.
-- Slit lamp examination.
-- Pupil dilation.
-- Fluorescein staining.
-- Eye culture and patching.
-- Visual acuity and peripheral vision screening.
-- Application of tropical anesthetic agents.
-- Removal of superficial foreign body from cornea.
-- Place speculum to allow adequate visualization of cervix.
-- Properly collect Pap smear.
-- Use colposcope to visualize transformation zone using saline, acetic acid and Lugol's solution with white and red-free light.
-- Identify the most abnormal areas for biopsy.
-- Perform cervical biopsy.
-- Perform endocervical curretage,
-- Effect hemostasis.
-- Perform a thorough head and neck examination.
-- Removal of cerumen from ear canal.
-- Use of ear operating microscope.
-- Tympanometry.
-- Interpretation of screening audiograms.
-- Wick placement for otitis extema.
-- Indirect nasopharyngeal and laryngeal exam.
-- Removal of foreign bodies from ear and nose.
-- Nasopharyngoscopy.
-- Nasal cautery and packing.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared March 1996 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed August 2003 and added Otolaryngology information as well and making minor correction.
Reviewed March 2004 and minor changes made.

COMBINED SURGICAL-MEDICAL INTENSIVE CARE UNIT

Administrative Information.

LENGTH: Four weeks.
STATUS: Required for PGY 1 and 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION: None.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC: One.
PREFERRED FM CLINIC TIMES: PGY 1: Wednesday AM and PGY 3: Friday PM.
FM MORNING REPORT ATTENDANCE REQUIRED: No.
FM WEDNESDAY AFTERNOON LECTURES REQUIRED: No.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED: PGY 1, Yes. PGY 3, No.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED: Yes, when in PM clinic.
FM CALL REQUIRED: No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS: No, social rounds only.
RESPONSIBLE FOR FM OB PANEL PATIENTS: Yes. Common sense rule will be applied, meaning when the resident's/intern's patient presents to L&D, the FPIT or call team will assess her, admit her, and co-manage while the ICU intern/resident is managing acute responsibilities in the ICU. The highest priority will always be patient safety for both services. Teamwork and cooperation are essential. Every effort will be made to free up the primary care manager (PCM) resident/intern in order to be available for labor management and especially for the delivery. In the event that either the ICU or FPIT/FP call house staff team are overwhelmed with their urgent responsibilities, the attendings will assist in managing their service's patients when at all possible. Authority and responsibility in this situation rests with the attendings for each service. Should discrepancy arise, the individual program directors should be contacted. Recognizing the significant challenges incumbent in critical care units and the challenge this obstetric responsibility can present, a concerted effort will be made to avoid assigning FP residents new OB patients with estimated dates of confinement during their scheduled SMICU rotation.

Responsibilities to Combined Surgical-Medical Intensive Care Unit.

PATIENT RESPONSIBILITIES:
OUTPATIENT (SCHEDULED/CONSULTS): No.
INPATIENT CONSULTS: No.
INPATIENT CARE: Yes.
SCHEDULED REQUIREMENTS:
ROUNDS: Yes, daily with Critical Care and Managing Surgical Teams.
CONFERENCES: Weekly Critical Care Conference.
CALL REQUIRED: Yes, as determined by the medicine call roster, no more often than q3.
PRESENTATIONS: As assigned by MICU staff.
SUGGESTED READINGS:
-- Selected readings assigned by MICU staff attending.
-- Selected readings on patients from standard texts.
-- Electrocardiography text such as Morreat's *Electrocardiography*.
SUPERVISORY RESPONSIBILITIES OF PGY 3: As assigned by the MICU attending.

Specific Goals for Combined Surgical-Medical Intensive Care Unit.

-- Develop proficiency in history taking, physical exam, interpretation of lab and x-ray results, and a sufficiently extensive working differential Dx of critically ill patients.
-- Develop a logical approach to the management of the patient with multisystem organ failure.
-- Develop a thorough understanding of fluid and electrolyte management; including key concepts in hemodynamic assessment and resuscitation.
-- Understand nutritional requirements and use of hyperalimentation.
-- Understand the initial management of:

-- Acute respiratory failure, including indications for artificial ventilation and management of the ventilator.
-- Acute GI bleeding.
-- Diabetic ketoacidosis.
-- Acute neurological event (e.g. CVA, subarachnoid hemorrhage, etc.).
-- Acute myocardial infarction or coronary syndromes, to include the indications and complications of thrombolytic therapy and or emergent cardiac catheterization.
-- Other acute cardiac conditions, such as unstable angina, dysrhythmias, pulmonary edema and congestive heart failure, pericardial disease and valvular heart disease.
-- Understand the indications and limitations of:
-- Noninvasive cardiac evaluation (e.g. echocardiogram, treadmill stress testing, thallium treadmill stress testing, MUGA).
-- Invasive cardiac evaluations.
-- Temporary/permanent cardiac pacing.
-- Differentiate those problems that require intensive care from those that can be managed safely on the ward and understand the evaluation of the ill outpatient who may require admission to the MICU (role of the SMOD).
-- Recognize the limits of one's abilities, know when to seek appropriate consultation from the intensivist, and become comfortable with the concept of co-management of critically ill patients.
-- Demonstrate compassionate care for the critically ill patient and caring, skillful communication with his/her family and significant others.

Additional Specific Goals for PGY 3 in the Combined Surgical-Medical Intensive Care Unit.

-- Honing the skills which are articulated listed above.
-- Participate actively as a care team leader in the initial evaluation and stabilization of patients who are candidates for SMICU admission. ACLS/ATLS protocols-become comfortable and proficient supervising/managing initial assessment, resuscitation, and treatment of patients in cardiopulmonary arrest, severe compromise, and/or perioperative decompensation.
-- Get a sound understanding of criteria for admitting patients to the MICU versa managing patients safely on the ward.
-- Refine your supervisory skills and in particular learn how to keep abreast of the details of patient care while allowing the intern to have an appropriate level of responsibility.

Psychomotor Skills.

-- Arterial puncture for blood gas.
-- Arterial line.
-- Central venous line insertion.
-- *CPR and ACLS.
-- *Emergent and elective cardioversion.
-- *Emergent defibrillation.
-- *Endotracheal intubation.
-- *Pacemaker placement.
-- *Pericardiocentesis.
-- *Swan-Ganz catheter placement.
-- *Venous cutdown.
-- Ventilator management.

"*" As opportunities arise.

-- In addition to the above procedures, the Family Medicine intern/resident will become proficient in basic interpretation of the following studies:
-- Electrocardiogram.
-- Cardiac monitoring.
-- ABGs/acid-base disorders.

-- Basic radiographic studies, i.e. CXR, AAS, basic skeletal surveys, and Head CT interpretation.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared May 2001 by MAJ Mark M. Reeves, M.D.
Reviewed/Revised October 2001 by MAJ Mark M. Reeves, M.D.
Reviewed/Revised June 2002 by MAJ Mark M. Reeves, M.D.
Reviewed August 2003 and minor changes made.
Reviewed March 2004 and minor changes made.

COMBINED UROLOGY AND OTOLARYNGOLOGY

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 2.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. Five days.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Two.
PREFERRED FM CLINIC TIMES. See chart below.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	URO	CLINIC	CLINIC	CLINIC	URO
PM	URO	ENT	LEC	ENT	URO

FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Urology and Otolaryngology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. No.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. No.
CONFERENCES. As scheduled by urology and otolaryngology staff.
CALL REQUIRED. No.
PRESENTATIONS. As assigned by urology and otolaryngology staff.
SUGGESTED READINGS. As assigned by urology and otolaryngology staff.

Specific Goals for Urology.

-- Understand the anatomy and physiology of the urinary tract and the male reproductive system.
-- Understand the normal growth and development of the genitourinary system, and understand the variants (congenital, acquired, aging).
-- Understand the mechanism of action, toxicity, adverse reaction, interaction, and dosage of commonly prescribed urologic medication.
-- Accurately diagnose, properly manage, and appropriately consult or refer common urologic conditions and emergencies, such as:
- -- Genitourinary trauma.
- -- Acute testicular torsion.
- -- Acute urinary retention.
- -- Urinary calculi.
- -- Enuresis.
- -- Urinary incontinence.
- -- Genitourinary carcinoma.
- -- Male infertility.
- -- Male sexual dysfunction.
- -- Cryptorchidism.

-- Phimosis, balinitis.
-- Hypospadias.
-- Priapism.
-- Peyronie's disease.
-- Urethral stricture.
-- Prostate disease, including benign prostatic hypertrophy.

-- Accurately diagnose, properly manage, and appropriately consult or refer common urologic infections, to include:
-- Renal abscesses.
-- Pyelonephritis.
-- Cystitis.
-- Orchitis.
-- Epididymitis.
-- Prostatitis.
-- Sexually transmitted diseases, including venereal warts.

-- Understand the approach to the acute scrotum and scrotal masses.
-- Understand the approach to the evaluation of microscopic and gross hematuria.
-- Understand the differences and management of varicoceles, hydroceles, and spermatoceles.
-- Understand the evaluation and management of recurrent urinary tract infections.
-- Understand the approach to the prostatic nodule and the use of lab assays such as prostatic specific antigen (PSA).
-- Understand the proper cost-effective use of urologic procedures such as:
-- Intravenous pyelography (IVP).
-- Renal and transurethral prostatic ultrasound.
-- Cystoscopy.
-- Retrograde radiologic and nuclear studies.
-- Cystometry and other flow studies.
-- Understand the surgical and medical options available for those who have:
-- BPH.
-- Sexual dysfunction (i.e. impotence).

Specific Goals for Otolaryngology.

-- Understand the basic anatomy and physiology of the ear, nose, sinuses, mouth, pharynx, and larynx.
-- Understand the mechanism of action, toxicity, adverse reaction, interaction, and dosage of commonly prescribed ENT medication.
-- Accurately diagnose, properly manage, and appropriately consult or refer common ENT conditions and emergencies, such as:
-- Facial and nose trauma.
-- Nasal fracture.
-- Maxillary fractures (LaForte I,II,III).
-- External otitis.
-- Vertiginous syndromes.
-- Meniere's disease.
-- Acoustic neuroma.
-- Cholesteatoma.
-- Perforated tympanic membrane.
-- Rhinitis.
-- Acute and chronic sinusitis.
-- Anterior and posterior nose bleeds.
-- Pharyngitis.
-- Tonsillitis.
-- Peritonsillar cellulitis/abscess.
-- Acute epiglottitis.
-- Laryngitis.
-- Chronic hoarseness.
-- Neck masses.

-- Chronic cervical adenopathy.
-- Foreign bodies found in the ear, nose, and oral cavities.
-- Acute and chronic serious and supportive otitis media.
-- Understand the approach and management of the different types of hearing loss.
-- Understand the approach and management of "dizziness".
-- Understand the proper cost-effective use and indications of ENT procedures such as:
-- PE tubes.
-- Tonsillectomy.
-- Myringotomy.
-- Sinus drainage.

Psychomotor Skills.

-- Place speculum to allow adequate visualization of cervix.
-- Properly collect Pap smear.
-- Use colposcope to visualize transformation zone using saline, acetic acid and Lugol's solution with white and red-free light.
-- Identify the most abnormal areas for biopsy.
-- Perform cervical biopsy.
-- Perform endocervical curretage,
-- Effect hemostasis.
-- Perform prostatic massage and evaluate results.
-- Vasectomy.
-- Circumcision, adult, if case load allows.
-- Indirect and direct funduscopy.
-- Slit lamp examination.
-- Pupil dilation.
-- Fluorescein staining.
-- Eye culture and patching.
-- Visual acuity and peripheral vision screening.
-- Application of tropical anesthetic agents.
-- Removal of superficial foreign body from cornea.
-- Place speculum to allow adequate visualization of cervix.
-- Properly collect Pap smear.
-- Use colposcope to visualize transformation zone using saline, acetic acid and Lugol's solution with white and red-free light.
-- Identify the most abnormal areas for biopsy.
-- Perform cervical biopsy.
-- Perform endocervical curretage,
-- Effect hemostasis.
-- Perform a thorough head and neck examination.
-- Removal of cerumen from ear canal.
-- Use of ear operating microscope.
-- Tympanometry.
-- Interpretation of screening audiograms.
-- Wick placement for otitis extema.
-- Indirect nasopharyngeal and laryngeal exam.
-- Removal of foreign bodies from ear and nose.
-- Nasopharyngoscopy.
-- Nasal cautery and packing.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed August 2003 and added Otolaryngology information as well and making minor correction.
Reviewed March 2004 and minor changes made.

COUNSELING CLINIC

Administrative Information.

LENGTH. Four weeks.

STATUS. Required at least for Family Medicine PGY 2 or Psychiatry/Family Medicine PGY 3.

MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Three.

PREFERRED FM CLINIC TIMES. Monday and Friday PM and Wednesday AM.

FM MORNING REPORT ATTENDANCE REQUIRED. Yes.

FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.

FM AFTER-CLINIC CONFERENCE (1615-1645) REQUIRED. Yes, when in FP clinic.

FM CALL REQUIRED. Yes.

RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.

RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

RESPONSIBLE FOR PSYCHIATRY PATIENTS (IF PSYCHIATRY/FAMILY MEDICINE RESIDENT). Yes one-half day required.

NUMBER OF HALF DAYS EACH IN FM COUNSELING CLINIC. Five.

COUNSELING CLINIC TIMES. Monday, Tuesday, Thursday and Friday AM and Thursday PM.

APPOINTMENTS. Booked for 0830, 1000, 1300 and 1430 under the name of the Behavioral Scientist.

PREFERRED TIMES FOR PSYCHIATRY (IF APPLICABLE). Tuesday PM.

Specific Goals for Behavioral Science.

-- Opportunities to develop the following skills and goals will be provided by working under the direct supervision of the Behavioral Scientist. These opportunities will include, but are not limited to, (a) the 'live supervision' format which means video taping and reviewing with feedback all counseling encounters with patients; (b) reading selected texts recommended by the Behavioral Scientist; (c) viewing other residents doing live encounters with counseling patients; and (d) viewing taped encounters with professional therapists. All of these experiences will include discussion with the Behavioral Scientist of the family/individual dynamics, models of therapy, therapeutic interventions and specific techniques employed.

-- Demonstrate the capability to identify and diagnose individual, family and couple dynamics based on behaviors, affect, and interactions among family members that are both observed and reported.

-- Work with at least one in each of the following categories: family case presenting with parent child issues, such as behavioral problems; marital case presenting with communication problems, sexual problems or infidelity; individual case presenting with depression, anxiety, history of trauma or abuse, psychosomatic disorders, bereavement, or adjustment disorders.

-- Understand family systems theory and the Structural Family Therapy Model and Theory.

-- Demonstrate the ability to accurately assess family dynamics by plotting on structural grid and planning the direction of change needed.

-- Demonstrate the ability to recognize an actment, request an enactment and structure a reenactment in the family therapy setting.

-- Demonstrate the ability to appropriately use reframes, metaphors, and normalizing.

-- Understand Brief Therapy Model and Theory.

-- Recognize whether a patient is a customer or visitor.

-- Recognize the patient's position statement.

-- Demonstrate the ability to define the problem, establish a goal for therapy, explore attempted solutions, determine the main theme and design an intervention.

-- Understand and use the 180 degree directive, paradoxical interventions, and prescribing the problem.

-- Understand the Brief Solution Focused Therapy Model and Theory.

-- Understand the purpose of exception questions in creating a solution.

-- Demonstrate the ability to appropriately use exception questions, coping questions, scaling questions, relationship questions and the miracle question.

-- Demonstrate the skill of giving compliments, bridging the reframe to the goal of homework, designing and presenting a homework task.
-- Understand basic counseling skills related to individual and couples communications.
-- Demonstrate the ability to help patient clarify their issues and make decisions.
-- Demonstrate the ability to appropriately use couples communication techniques such as the mirror exercise, assertive requests, use of 'I' statements, and subtle use of language to push for change.
-- Appropriately designing home work assignments such as observation assignments, writing assignments, interactive tasks, and behavioral assignments.

Evaluation.
-- On line evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation and in FM Clinic.
-- Live supervision with feedback in Counseling Clinic.
-- Informal feedback throughout the rotation and residency.

Prepared January 2004 by Ms. Pamela Haynes, Behavioral Scientist, DCSW
Reviewed April 2004 and minor changes and corrections made.

DERMATOLOGY

Administrative Information.

LENGTH: Four weeks.
STATUS: Required for PGY 2. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION: One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC: Three for PGY2 and four for PGY3.
PREFERRED FM CLINIC TIMES: For PGY2: Thurs PM, Monday and Tuesday AM. For PGY3: Monday AM and PM, Tuesday and Friday PM.
FM MORNING REPORT ATTENDANCE REQUIRED: Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED: Yes.
FM CALL REQUIRED: Yes.
RESPONSIBLE FOR HOSPITALIZED FM PATIENTS: No, except social rounds.
RESPONSIBLE FOR FM OB PANEL PATIENTS: Yes.

Responsibilities to Dermatology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS): Yes.
INPATIENT CONSULTS: Yes.
INPATIENT CARE: No.
SCHEDULE REQUIREMENTS:
ROUNDS: No.
CONFERENCES: Second Wednesday of each month.
CALL REQUIRED: No.
PRESENTATIONS: As assigned by Dermatology staff.
SUGGESTED READINGS:
-- Fitzpatrick, et al. Color Atlas and Synopsis of Clinical Dermatology.
-- Habif. A Color Guide to Dermatology and the Therapy: Clinical Dermatology.
-- Andrews'. Diseases of the Skin.

Specific Goals for Dermatology.

Patient Care:
-- Appropriately prescribe topical pharmacotherapy.
-- Recognize malignant and pre-malignant skin lesions, understand the characteristics differentiating these lesions, and treat or refer as appropriate.
-- Manage common skin diseases such as:
-- fungal dermatoses.
-- infectious dermatoses.
-- atopic dermatoses.
-- viral dermatoses.
-- papulosquamous dermatoses.
-- parasitic dermatoses.
-- pustular dermatoses
-- disorders of pigment.
-- vascular dermatoses.
-- disorders of hair and nails.
-- Know when to perform:
-- skin lesion cultures.
-- intralesional steroid injections.
-- wood's light exam.
-- excision for cutaneous lesions.
-- suturing.

-- shave, punch, and excisional biopsies.
-- chemical cautery.
-- skin scraping for KOH.
-- electrodesiccations and curettage.
-- cryotherapy.

Medical Knowledge:
-- The classification and description of skin disorders.
-- The diagnosis, data interpretation, and management of common dermatologic disorders.
-- Know how to prevent skin diseases.
-- Understand skin manifestations of systemic diseases.
-- Prevention, recognition and management of skin cancers.
-- Dermatologic medications: topical and systemic.
-- Competency in interpreting lab result and pathology reports.

Medicine Based Learning and Improvement:
-- To be able to find, analyze, and assimilate evidence from scientific studies and relate them to their patient's health problems.
-- A willingness to manage the majority of dermatologic conditions with evidence base medicine.
-- Conduct appropriate history and physical for dermatologic conditions, in order to adequately diagnose and manage.
-- Apply the knowledge, skills, and attitudes learned on the rotation to improve care of panel patients.

Interpersonal and Communication Skills:
-- Improve communication for effective counseling patients on the issues for common dermatologic procedures.
-- A positive approach to psychosocial issues in patients with skin disorders.
-- To be able to work with other health care providers and medical assistants in coordinating care and management.
-- Be able to properly educate junior residents and medical students as needed.

Professionalism:
-- Continue to develop professionally by conforming to ethical standards, being responsible and sensitive to patients and co-workers.
-- Act in a behavior appropriate for the military and medical profession.

System-based Medicine:
-- Have a willingness to manage the majority of common dermatologic conditions.
-- Understand when to treat versus refer for both common skin diseases, and for possible malignancies.
-- Be able to constructively collaborate with dermatologists when appropriate.

Evaluation.
-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Updated September 2000 by Major Danny K. Worwood, M.D.
Reviewed March 2004 and minor changes made.
Reviewed/Revised February 2006 by Major Dawn C. Uithol, M.D.

DERMATOLOGY – MAKALAPA BRANCH MEDICAL CLINIC

Administrative Information.
LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.
NUMBER OF HALF-DAYS EACH WEEK IN FP CLINIC. Four.
PREFERED FM CLINIC TIMES. As determined by the Dermatology staff.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No, except social rounds.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Dermatology Clinic.
PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. No.
CONFERENCES. None.
CALL REQUIRED. No.
PRESENTATIONS. As assigned by Dermatology staff.
SUGGESTED READINGS:
Andrews *Diseases of the Skin*.
Others as assigned by staff.

Specific Goals for Dermatology Rotation.
-- Recognize malignant and pre-malignant skin lesions, understand the characteristics differentiating these lesions, and treat or refer as appropriate.
-- Understand the use of topical pharmacotherapy.
-- Familiarization and exposure to commonly seen skin problems to inlcude:
-- Pustular dermatoses such as acne and rosacea.
-- Papulosquamous dermatoses such as psoriasis, lichen planus, seborrhea and pityriasis rosea.
-- Atopic dermatitis.
-- Vascular dermatoses such as erythema nodosum and telangiectasia.
-- Infectious (bacterial) dermatoses such as impetigo, folliculitis, intertrigo and scarlet fever.
-- Viral dermatoses such as herpes simplex, herpes zoster, verruca, molluscum contagiosum and condylomata acuminata.
-- Fungal dermatoses.
-- Parasitic dermatoses such as scabies and pediculosis.
-- Disorders of pigment such as chloasma and vitiligo.
-- Disorders of hair such a alopecias, hypertrichosis and tinea barbae.
-- Nail diseases (onychomycosis).
-- Recognize, manage, and/or appropriately refer:
-- Nevi.
-- Leukoplakia.
-- Fibromas.
-- Hemangiomas.
-- Actinic keratoses.

-- Lipoma.
-- Seborrheic keratoses.
-- Basal cell carcinomas.
-- Squamous cell carcinomas.
-- Malignant melanoma.

Psychomotor Skills.
-- Culture of skin lesions.
-- Wood's light examination.
-- Suturing.
-- Chemical cautery.
-- Electrodesiccation and curettage.
-- Intralesion steroid injection.
-- Cryotherapy.
-- Skin biopsy techniques (shave, punch and excisional biopsy).
-- Skin scraping with KOH slide preparation and interpretation.
-- Skin scraping with methelyene blue for tinea versicolor.
-- Excision of cutaneous and subcutaneous lesions.

Evaluation.
-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared May 2004 by LCDR Doug Keel, M.D.

DEVELOPMENTAL PEDIATRICS

Administrative Information.

LENGTH. Two/Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week during four week rotation and none during two week rotation.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Five.
PREFERRED FM CLINIC TIMES. Friday and Tuesday AM and Thursday, Friday and Monday PM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Developmental Pediatrics.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. No.
CONFERENCES. As per pediatric attending recommendations.
CALL REQUIRED. FM call.
PRESENTATIONS. As assigned by pediatric staff.
SUGGESTED READINGS. As suggested by developmental pediatric staff.

Specific Goals for Developmental Pediatrics.

-- Obtain a complete and accurate pediatric history and formulate a reasonable Dx.
-- Gain familiarity with those problems encountered in behavioral disorders, to include:
-- School phobia.
-- Encopresis.
-- Enuresis.
-- Sleep disorders.
-- Attention deficit disorder.
-- Recognize and understand the presentation of these congenital anomalies:
-- Cardiac (differentiate between functional and organic murmur).
-- Orthopedic (primarily spine, pelvis, and lower limbs).
-- Undescended testicle.
-- Cleft palate.
-- Blocked tear duct.
-- Develop competency in interacting with children of all ages, and their parents.
-- Understand pediatric nutrition, growth, and development, and be able to recognize and managing the following:
-- The child requiring special assessment in growth.
-- The child with developmental and learning delays.
-- The child with speech and/or hearing deficits.
-- The child with abnormal growth, to include failure to thrive.
-- Infants with feeding problems.

-- Understand the importance of developmental screening of gross motor, fine motor, language, and personal social skills.
-- Develop interpersonal skills to enlist various resources on the patience's behalf, including parents, family members, subspecialists, educators, social workers, and members of the establishment.
-- Recognize the subtle signs of neglect and child abuse (physical, sexual, and emotional) and understand the reporting system.

Psychomotor Skills.

-- Developmental screening.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared June 1996 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed March 2004 and minor changes made.

EMERGENCY MEDICAL SERVICES

Administrative Information.

LENGTH: Four weeks.
STATUS: Required for PGY 1 and PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION: None for PGY 1 and one week for PGY 3.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC: PGY 1 - one. PGY 3 – three.
PREFERRED FM CLINIC TIMES: PGY 1, Wednesday AM. PGY 3, Thursday and Friday AM and Friday PM.
FM MORNING REPORT ATTENDANCE REQUIRED: No.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED: No.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED: Yes.
FM CALL REQUIRED: No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS: No, social rounds only.
RESPONSIBLE FOR FM OB PANEL PATIENTS: Yes.

Responsibilities to Emergency Medical Services.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS): Yes, those who present to the ER.
INPATIENTS: No.
SCHEDULED REQUIREMENTS:
ROUNDS: None.
WORK SHIFTS: Fifty-six (56) hours per week within the ER (for PGY 1 only).
CONFERENCES: Emergency room lectures as given by ER staff.
CALL REQUIRED: No.
PRESENTATIONS: As assigned by the ER attending.
SUGGESTED READINGS:
-- *Emergency Medicine - A Comprehensive Study Guide.*

Specific Goals for Emergency Medical Services Rotation.

Patient Care:
-- Capitalize on opportunities to gather essential and accurate information.
-- Assume care of all patients on the service, and develop the skill to make informed decisions about diagnosis and treatment.
-- Recognize and manage in a timely manner those conditions that threaten life/limb.
-- Simultaneously manage several ill patients, with emphasis on triage, prioritization, and coordination of care.
-- Develop and carry out treatment plans for patients in the outpatient and inpatient settings.
-- Develop an understanding of who needs to be admitted and who can be treated on an outpatient basis, and understand the proper timing of hospitalization in the management of problems.
-- Learn the indications and how to perform procedures competently.

Medical Knowledge:
-- Understand the presentation, initial evaluation, early stabilization and management in the ER of patients who have:
-- Cardiovascular diseases and conditions such as acute MI, cardiac arrest, arrhythmias, CHF, hypertensive urgency and emergency, hypotension and shock.
-- Peripheral vascular diseases such as DVT and dissecting aneurysms.
-- Respiratory diseases such as acute respiratory failure, pulmonary edema, acute airway obstruction, acute exacerbations of COPD and asthma, pulmonary embolism, pneumothorax and near drowning.

-- Gastrointestinal conditions such as acute upper and lower GI bleed, acute pancreatitis and hepatitis.

-- Neurological conditions such as alterations of consciousness, seizures, transient ischemic attack and CVA.

-- Rheumatological conditions such as acute presentations of gout or pseudogout and septic joints.

-- Endocrine and metabolic disorders such as diabetic ketoacidosis, hyperosmolar coma, hypoglycemia, severe electrolyte disorders and other acid base disorders.

-- Acute presentations of hematological diseases such as sickle cell crisis and acute leukemia.

-- Infectious diseases such as food poisoning, meningitis, acute epiglottis, pneumonia, UTIs, STDs and cellulitis.

-- Obstetric and gynecologic diseases such as ectopic pregnancies, threatened/incomplete abortions, vaginal bleeding, acute pelvic pain and PID.

-- Acute presentations of psychiatric disorders such as violent patients, suicidal patients, acute psychosis and delirium.

-- Initial and acute presentations of various surgical conditions such as the trauma patient, burns, gunshot wounds, acute abdomen, lacerations and orthopedic problems.

-- Other miscellaneous urgent or emergent conditions such as poisonings, cold injury, anaphylaxis, heat injury, urticaria, animal/insect bites, dental injuries, electrical injuries, drug overdoses, acute alcohol intoxication, volume depletion and dehydration, family violence, child abuse and sexual assault.

-- Know and apply the basic and clinically supportive sciences appropriate to the discipline on which you are rotating.

-- Demonstrate an investigatory and analytic thinking process for each patient.

Medicine-Based Learning and Improvement:

-- Analyze practice experience and perform practice-based improvement activities.

-- Locate, appraise and assimilate evidence into your practice experience through increasing knowledge about study designs and statistics.

-- Obtain and use information about your patient population.

-- Develop skills for proper presentation of patients to colleagues.

-- Facilitate learning of others.

Interpersonal and Communication Skills:

-- Create and sustain a therapeutic and ethically sound relationship with patients.

-- Interact with staff family physicians that will serve as advisors and role models.

-- Interact with fellow residents as a team of care providers.

-- Develop, use and enhance communication skills (nonverbal, explanatory, questioning, and writing).

Professionalism:

-- Demonstrate a commitment to carrying out professional responsibilities (accountability to patients, society and profession and ongoing professional development).

-- Demonstrate an adherence to ethical principles (withholding clinical care, confidentiality, informed consent, and business medicines).

-- Demonstrate sensitivity to a diverse patient population (gender, culture, age).

System-based Medicine:

-- Understand the proper use of referral and consultation and where your patients fit into the big picture of the military health care system.

-- Understand the roles of the community, and the resources available to assist in the patient's care.

-- Advocate for quality, cost effective care and assist your patients with the MHS.

Psychomotor Skills.

-- *Cardiac cardioversion.

-- *Cardiac defibrillation.

-- *Cardiopulmonary resuscitation.

-- *Central vein catheterization.

-- *Chest tube insertion.

-- *Culdocentesis.
-- Gastric lavage.
-- Insertion of nasogastric tube.
-- Insertion of orogastric tube.
-- Laryngoscopy.
-- Lumbar puncture.
-- *Neonatal resuscitation.
-- *Pericardiocentesis.
-- *Thoracentesis.
-- I&D of abscess, cyst and paronychia.
-- Venous cut-down.
-- *Control of nasal hemorrhage, to include cauterization and packing.
-- *Airway management, to include endotracheal intubation.
-- Reduction of simple fractures and casting.
-- Removal of foreign bodies from the eye and subcutaneous tissues.
-- Suturing of cutaneous, subcutaneous, oral and lip lacerations with appropriate local anesthetic.

"*" Assuming the opportunity arises.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Updated March 1998 by Major Keith L. Salzman, M.D. and approved by Major Anita Yearley, M.D., Emergency Medical Services
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed March 2004 and minor changes made.
Reviewed/Revised February 2006 by Major Dawn C. Uithol, M.D.

EMERGENCY MEDICAL SERVICES – QUEENS HOSPITAL

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities To Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Three.
PREFERRED FM CLINIC TIMES. Wednesday and Thursday AM and Thursday PM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes, when in FM Clinic.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 - 1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No, social rounds only.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Emergency Medical Services Queens Hospital.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes, those who present to the ER.
INPATIENTS. No.
SCHEDULED REQUIREMENTS:
ROUNDS. None.
CONFERENCES. Emergency room lectures as given by ER staff.
CALL REQUIRED. No.
PRESENTATIONS. As assigned by the ER attending.
SUGGESTED READINGS. *Emergency Medicine - A Comprehensive Study Guide.*

Specific Goals for Emergency Medical Services Queens Hospital.

-- Recognize and manage in a timely manner those conditions that threaten life/limb.
-- Simultaneously manage several ill patients, with emphasis on triage, prioritization, and coordination of care.
-- Understand the presentation, initial evaluation, early stabilization and management in the ER of patients who have:
-- Cardiovascular diseases and conditions such as acute MI, cardiac arrest, arrhythmias, CHF, hypertensive urgency and emergency, hypotension and shock.
-- Peripheral vascular diseases such as DVT and dissecting aneurysms.
-- Respiratory diseases such as acute respiratory failure, pulmonary edema, acute airway obstruction, acute exacerbations of COPD and asthma, pulmonary embolism, pneumothorax and near drowning.
-- Gastrointestinal conditions such as acute upper and lower GI bleed, acute pancreatitis and hepatitis.
-- Neurological conditions such as alterations of consciousness, seizures, transient ischemic attack and CVA.
-- Rheumatological conditions such as acute presentations of gout or pseudogout and septic joints.
-- Endocrine and metabolic disorders such as diabetic ketoacidosis, hyperosmolar coma, hypoglycemia, severe electrolyte disorders and other acid base disorders.
-- Acute presentations of hematological diseases such as sickle cell crisis and acute leukemia.
-- Infectious diseases such as food poisoning, meningitis, acute epiglottis, pneumonia, UTIs, STDs and cellulitis.
-- Obstetric and gynecologic diseases such as ectopic pregnancies, threatened/incomplete abortions, vaginal bleeding, acute pelvic pain and PID.
-- Acute presentations of psychiatric disorders such as violent patients, suicidal patients, acute psychosis and delirium.

-- Initial and acute presentations of various surgical conditions such as the trauma patient, burns, gunshot wounds, acute abdomen, lacerations and orthopedic problems.

-- Other miscellaneous urgent or emergent conditions such as poisonings, cold injury, anaphylaxis, heat injury, urticaria, animal/insect bites, dental injuries, electrical injuries, drug overdoses, acute alcohol intoxication, volume depletion and dehydration, family violence, child abuse and sexual assault.

Psychomotor Skills.

-- *Cardiac cardioversion.
-- *Cardiac defibrillation.
-- *Cardiopulmonary resuscitation.
-- *Central vein catheterization.
-- *Chest tube insertion.
-- *Culdocentesis.
-- Gastric lavage.
-- Insertion of nasogastric tube.
-- Insertion of orogastric tube.
-- Laryngoscopy.
-- Lumbar puncture.
-- *Neonatal resuscitation.
-- *Pericardiocentesis.
-- *Thoracentesis.
-- I&D of abscess, cyst and paronychia.
-- Venous cut-down.
-- *Control of nasal hemorrhage, to include cauterization and packing.
-- *Airway management, to include endotracheal intubation.
-- Reduction of simple fractures and casting.
-- Removal of foreign bodies from the eye and subcutaneous tissues.
-- Suturing of cutaneous, subcutaneous, oral and lip lacerations with appropriate local anesthetic.

"*" Assuming the opportunity arises.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared April 2004 by Dr. Smith, M.D., Queens Hospital

EMERGENCY MEDICAL SERVICES – WAHIAWA GENERAL HOSPITAL

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Three.
PREFERRED FM CLINIC TIMES. Thursday and Friday AM and PM.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM THURSDAY NOON (1200-1300) LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Friday 1200-1300 (every other week).
FM AFTER-CLINIC CONFERENCE (1615-1645) REQUIRED. Yes, when in PM clinic.
FM JOURNAL CLUB REQUIRED. Yes.
FM PERFORMANCE IMPROVEMENT (PI) MEETING REQUIRED. Yes.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No, social rounds only.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Emergency Medicine Wahiawa General Hospital.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes, those who present to the ER.
INPATIENTS. No.
SCHEDULED REQUIREMENTS:
ROUNDS. None.
CONFERENCES. Emergency Room lectures as given by staff.
CALL REQUIRED. No, usually will have approximately 4-5 shifts each week.
PRESENTATIONS. As assigned by the ER attendings.
SUGGESTED READINGS:
ACLS/ATLS Manuals.
MICROMEDIX/EMA Familiarization.
Emergency Medicine - A Comprehensive Study Guide.

Specific Goals for Emergency Medicine Wahiawa General Hospital Rotation.

-- Recognize and manage in a timely manner those conditions that threaten life/limb.
-- Simultaneously manage several ill patients, with emphasis on triage, prioritization, and coordination of care.
-- Understand the presentation, initial evaluation, early stabilization and management in the ER of patients who have:
-- Cardiovascular diseases and conditions such as acute MI, cardiac arrest, arrhythmia, CHF, hypertensive urgency and emergency, hypotension and shock.
-- Peripheral vascular diseases such as DVT and dissecting aneurysms.
-- Respiratory diseases such as acute respiratory failure, pulmonary edema, acute airway obstruction, acute exacerbations of COPD and asthma, pulmonary embolism, pneumothorax and near drownings.
-- Gastrointestinal diseases such as acute upper and lower GI bleed, acute pancreatitis and hepatitis.
-- Neurological conditions such as alterations of consciousness, seizures, transient ischemic attacks and CVA.
-- Rheumatological conditions such as acute presentations of gout or pseudogout and septic joints.
-- Endocrine and metabolic disorders such as diabetic ketoacidosis, hyperosmolar coma, hypoglycemia, severe electrolyte disorders and other acid-base disorders.
-- Acute presentations of hematologic diseases such as sickle cell crisis and acute leukemia.
-- Infectious diseases such as food poisoning, meningitis, acute epiglottis, pneumonia, UTIs, STDs and cellulitis.

-- Obstetric and gynecologic diseases such as ectopic pregnancy, threatened/incomplete abortions, vaginal bleeding, acute pelvic pain and PID.

-- Acute presentations of psychiatric disorders such as violent patients, suicidal patients, acute psychosis and delirium.

-- Initial and acute presentations of various surgical conditions such as the trauma patient, burns, gunshot wounds, acute abdomen, lacerations and orthopedic problems.

-- Other miscellaneous urgent or emergent conditions such as poisonings, cold injury, anaphylaxis, heat injury, urticaria, animal/Insect bites, dental injuries, electrical injuries, drug overdoses, acute alcohol intoxication, volume depletion and dehydration, family violence, child abuse and sexual assault.

Psychomotor Skills.

-- Laryngoscopy.
-- *Thoracentesis.
-- Gastric lavage.
-- Lumbar puncture.
-- Venous cut-down.
-- *Pericardiocentesis.
-- *Cardiac cardioversion.
-- *Cardiac defibrillation.
-- *Neonatal resuscitation.
-- *Cardiopulmonary resuscitation.
-- *Central vein catheterization.
-- *Chest tube insertion.
-- *Culdocentesis.
-- Insertion of orogastric tube.
-- Insertion of nasogastric tube.
-- I&D of abscess, cyst, paronychia.

Reduction of simple fractures and casting.

Airway management, to include endotracheal intubation.

Control of nasal hemorrhage, to include cauterization and packing.

Removal of foreign bodies from the eye and subcutaneous tissues.

Suturing of cutaneous, subcutaneous, oral and lip lacerations with appropriate local anesthetic techniques.

"*" Assuming the opportunity arises.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised December 1997 by Major Keith L. Salzman, M.D. and approved January 1998 by Dr. Craig Thomas, Wahiawa General Hospital
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed March 2004 and minor changes made.

ENDOCRINOLOGY

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Five.
PREFERRED FM CLINIC TIMES. Thursday, Friday and Tuesday PM and Friday and Wednesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Endocrinology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes, as deemed appropriate by endocrinology staff.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. None except for routine follow-up on inpatient consults.
CONFERENCES. Holo Pono Diabetic teaching Tuesday AM (two weeks/month).
CALL REQUIRED. No.
PRESENTATIONS. No.
SUGGESTED READINGS. As directed by endocrinology staff.

Specific Goals for Endocrinology.

-- Common Clinical Presentations.
-- Asthenia.
-- Blood lipid disorders.
-- Breast discharge.
-- Amenorrhea.
-- Infertility.
-- Goiter (diffuse, nodular).
-- Hirsutism.
-- Hypotension.
-- Osteopenia.
-- Polyuria, polydypsia.
-- Urinary tract stone.
-- Weight gain, obesity.
-- Mental status changes.
-- Hyper- and hypoglycemia.
-- Symptoms of hypermetabolism.
-- Symptoms of hypometabolism.
-- Hypertension refractory to primary therapy.
-- Change in menstrual, gonadal/sexual function.
-- Incidentally discovered abnormalities in serum electrolytes, calcium, phosphate, or glucose.
-- Procedure Skills.
-- Dexamethasone suppression test (overnight).
-- Home blood glucose monitoring.

-- ACTH stimulation test.
-- Thyroid fine needle aspiration.

-- Diagnostic Testing.
-- Bone mineral densitometry.
-- Glycohemoglobin.
-- Urine miroalbuminuria.
-- Serum calcium.
-- Serum osmolalities.
-- Thyroid uptakes.
-- Thyroid scan.
-- Thyroid ultrasound.
-- Bone scan.
-- Urine free cortisol.
-- Urine ketones.
-- Urine osmolality.
-- Thyroglobulin.
-- Serum lipid profile.
-- I-131 whole body scanning.
-- Serum thyroid function tests.
-- Serum ketone concentrations.
-- Serum prolactin concentration.
-- Serum phosphate concentration.
-- Serum testosterone concentration.
-- Imaging studies of the sella turcica.
-- Urinary sodium, potassium excretion.
-- Urinary calcium, phosphate, uric acid excretion.
-- Serum glucose, fasting and standardized postprandial.
-- Serum alkaline phosphatase activity (for Paget's disease of bone).
-- Urine metanephrine, VMA (vanillylmandelic acid), and total catecholamine levels.
-- Serum gonadotropin concentrations (follicle-stimulating hormone, luteinizing hormone).

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared September 2000 by Major Danny K. Worwood, M.D.
Reviewed March 2004 and minor changes made.

FAMILY MEDICINE INPATIENT TEAM

Administrative Information.

LENGTH. Two four-week rotations.
STATUS. Required for all year groups.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. None (with rare exceptions).

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. One during PGY 1, two during PGY 2 and three during PGY 3.
PREFERRED FM CLINIC TIMES. Varies by rotation – see specific rotation clinic schedule.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON (1200 – 1530) LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM CALL REQUIRED. Yes. PGY 1 – q4; PGY 2 and 3 – short call on night float days.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Evaluates all patients for admission.
INPATIENT CARE. Yes.
SCHEDULED REQUIREMENTS:
ROUNDS. With the FM attending.
CONFERENCES. Family Medicine conferences.
SUGGESTED READINGS. As provided by FM attending.
DISCHARGE PLANNING. On 6C1 and 6C2. Weekly for PGY 1. Complicated patients by senior resident as needed, otherwise the intern.

Specific Goals for Family Medicine Inpatient Team Rotation (all year groups).

Patient Care:
-- Assumes inpatient care of all patients on the service, and develop the skill to manage inpatients of various ages and sexes with various problems on several different wards throughout the hospital.
-- Understand the role of the home visit in patient care.
-- Provide continuity of care for patients in the outpatient and inpatient settings.
-- Develop an understanding of who needs to be admitted and who can be treated on an outpatient basis, and understand the proper timing of hospitalization in the management of problems.
-- Manage the rehabilitation from acute illness or injury.

Medical Knowledge:
-- Learn the integration of the biopsychosocial model into the management of common ambulatory and inpatient problems.
-- Demonstrate an investigatory and analytic thinking process for each patient.

Medicine Based Learning and Improvement:
-- Reinforce the identity and commitment to the principles and philosophical attitudes of Family Medicine.
-- Understand the application of preventive medicine as it applies to the hospitalized patient.
-- Analyze practice experience and perform practice-based improvement activities.
-- Obtain and use information about our patient population.
-- Develop skills for proper presentation of patients to colleagues in morning report.

Interpersonal and Communication Skills:
-- Create and sustain a therapeutic and ethically sound relationship with patients.

-- Interact with staff family physicians that will serve as advisors and role models.
-- Interact with fellow residents as a team of care providers.
-- Develop, use and enhance communication skills (nonverbal, explanatory, questioning, and writing).
-- Appreciate the importance of patient health education.

Professionalism:
-- Demonstrate a commitment to carrying out professional responsibilities (accountability to patients, society and profession and ongoing professional development).
-- Demonstrate an adherence to ethical principles (withholding clinical care, confidentiality, informed consent, and business medicines).
-- Demonstrate a sensitivity to a diverse patient population (gender, culture, age).

System-based Medicine:
-- Understand the proper use of referral and consultation.
-- Understand the roles of the community, and the resources available to assist in the patient's care.
-- Understand the value of Discharge Planning.
-- Understand the use of domiciliary care.

Additional Specific Goals for Family Medicine Inpatient Team Rotation for PGY 1.

-- Develop knowledge of the process of evaluation, admitting and caring for inpatients.
-- Learn to effectively communicate patient clinical information to senior residents, consultants and attendings both in written and spoken forms.
-- Develop skills in presenting talks and lectures.

Additional Specific Goals for Family Medicine Inpatient Team Rotation for PGY 2 and 3.

-- Understand the importance of comprehensive patient and family medical care and incorporate the knowledge into patient care treatment plans.
-- Understand individual as well as family health assessment and maintenance.
-- Develop increasing responsibility in the education and supervision of the younger house staff and medical students.
-- The most senior resident on the team (in conference with the attending) should be responsible for overseeing all morning report presentations, including running of the boards weekly (diverse topics, varied speakers, evaluation/feedback).

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1997 by Major Keith L. Salzman, M.D.
Revised May 1999 by Major Mary J. Wyman, M.D.
Reviewed June 2002 and minor changes made.
Reviewed March 2004 and minor changes made.
Reviewed/Revised February 2006 by Major Dawn C. Uithol, M.D.

FAMILY MEDICINE ORIENTATION AND CLINIC

Administrative Information.

LENGTH: Two four-week rotations.
STATUS: Required for PGY 1.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION: None (with rare exceptions).

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC: Six to seven.
PREFERRED FM CLINIC TIMES: See rotation template.
FM MORNING REPORT ATTENDANCE REQUIRED: Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED: Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED: Yes.
FM CALL REQUIRED: Yes, average once every fourth night.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS: Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS: Yes.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS): Yes.
INPATIENT CONSULTS: Yes, when on call.
INPATIENT CARE: Yes, when on call.
SCHEDULED REQUIREMENTS:
ROUNDS: None.
CONFERENCES: None.
CALL REQUIRED: No.
PRESENTATIONS: None.
SUGGESTED READINGS:
-- Essentials of Family Medicine by Sloane.
-- Health Promotion and Family Physician.
-- Others as selected by staff.

Specific Goals for Family Medicine Orientation.

-- Obtain an overview of the Family Medicine Residency Program at TAMC to include understanding of the following:
-- Three-Year Curriculum.
-- Resident's Manual.
-- ACGME General and Special Requirements.
-- Military Requirements.
-- ABFP Requirements for Certification for GME.
-- Understand the resident evaluation process, including Due Process.
-- Understand resident evaluations of seminars/conferences, monthly rotations, FM Residency Program, and FM staff.
-- Understand the layout and policies of the Family Medicine Clinic and TAMC.
-- Develop personal management skills that can be used throughout the rest of one's career, to include time management and basic concepts of financial management.
-- Begin to develop practice management skills and understand the following:
-- Proper dictation of medical records.
-- Professional liability and risk management.
-- Proper hospital and clinic procedures.
-- Patient flow in the clinic.
-- Proper documentation.
-- Learn the basic skills of telephone medicine, including how to assess patients, to determine treatment plans, and to document the phone encounter of medical records, including legibility.
-- Obtain an orientation to the hospital's and clinic's labs and understand their function and capabilities.

-- Gain proficiency in the various computerized databases and record systems used within the clinic.
-- Obtain an orientation to the Behavioral Science Curriculum and understand:
    -- Potential professional, personal, and family stresses.
    -- Stress management.
    -- Introduction to the Physician-Patient relationship.
    -- Introduction to the concept of family in family medicine.
    -- Introduction to interviewing and communication skills.
    -- Introduction to Myers-Briggs personality types.
    -- Introduction to patient counseling techniques.
    -- Videotape and review at least two patient encounters.

Specific Goals for Family Medicine Clinic.

Patient Care:

-- Capitalize on opportunities to gather essential and accurate information.

-- Assume care of all patients seen in clinic, and develop the skill to make informed decisions about diagnosis and treatment.

-- Develop and carry out treatment plans for patients in the outpatient and inpatient settings.

-- Develop an understanding of who needs to be admitted and who can be treated on an outpatient basis, and understand the proper timing of hospitalization in the management of problems.

-- Learn the indications and how to perform procedures competently.

Medical Knowledge:

-- Know and apply the basic and clinically supportive sciences appropriate to the discipline on which you are rotating.

-- Demonstrate an investigatory and analytic thinking process for each patient.

Medicine-Based Learning and Improvement:

-- Analyze practice experience and perform practice-based improvement activities.

-- Locate, appraise and assimilate evidence into your practice experience through increasing knowledge about study designs and statistics.

-- Obtain and use information about your patient population.

-- Develop skills for proper presentation of patients to colleagues.

-- Facilitate learning of others.

Interpersonal and Communication Skills:

-- Create and sustain a therapeutic and ethically sound relationship with patients.

-- Interact with staff family physicians that will serve as advisors and role models.

-- Interact with fellow residents as a team of care providers.

-- Develop, use and enhance communication skills (nonverbal, explanatory, questioning, and writing).

Professionalism:

-- Demonstrate a commitment to carrying out professional responsibilities (accountability to patients, society and profession and ongoing professional development).

-- Demonstrate an adherence to ethical principles (withholding clinical care, confidentiality, informed consent, and business medicines).

-- Demonstrate sensitivity to a diverse patient population (gender, culture, age).

System-based Medicine:

-- Understand the proper use of referral and consultation and where your patients fit into the big picture of the military health care system.

-- Understand the roles of the community, and the resources available to assist in the patient's care.

-- Advocate for quality, cost effective care and assist your patients with the MHS.

Psychomotor Skills.

-- Clinic procedures such as minor skin surgeries, flexible sigmoidoscopy and colposcopy as they arise from one's patients.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed June 2002 and minor changes made.
Reviewed March 2004 and minor changes made.
Reviewed/Revised February 2006 by Major Dawn C. Uithol, M.D.

GASTROENTEROLOGY

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Five.
PREFERRED FM CLINIC TIMES. Friday, Monday and Tuesday AM and Friday and Monday PM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Gastroenterology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. Daily inpatient attending rounds.
CONFERENCES. Medical-Surgery Conference, Thursday 1230 – 1400.
CALL REQUIRED. No.
PRESENTATIONS. As assigned by gastroenterology staff.
SUGGESTED READINGS:
-- Gastroenterology chapters of Harrison's.
-- Cecil's or Stein.

Specific Goals for Gastroenterology.

-- Understand the indications, performance, complications, procedures and interpretation of:
-- Upper endoscopy EGD.
-- Colonoscopy.
-- ERCP.
-- PEG insertion.
-- Manometry.
-- 24-hr pH monitoring.
-- Laparoscopy.
-- Liver biopsy.
-- Liver/Spleen scan.
-- Barium enema.
-- UGI series w/SBFT.
-- Pancreatic function studies.
-- Selective arteriography.
-- Diagnostic imaging of the abdomen (US, CT, nuclear).
-- Recognize, understand the pathophysiology, evaluate, manage, and know when to appropriately refer the following:
-- Hemocult positive stools.
-- Peptic ulcer disease.
-- Ischemic colitis.
-- Upper and lower GI bleeding.

-- Colonic polyps, to include familial polyp syndrome.
-- Malignancy of the GI tract, including prevention and early recognition.
-- Inflammatory bowel disease (both intestinal and extra-intestinal manifestations).
-- Esophageal disease, to include motility disorders, strictures, and varices.
-- Acute and chronic liver disease, to include complications such as coagulopathy, encephalopathy, and renal dysfunction.
-- Viral hepatitis, to include recognition, diagnosis, and immunization.
-- Understand the role of the gastrointestinal as a consultant.

Psychomotor Skills.

-- Physical examination of the abdomen, anus and rectum.
-- Anoscopy.
-- Abdominal paracentesis.
-- Rigid proctoscopy with biopsy.
-- Flexible sigmoidoscopy (60cm) with biopsy.
-- Other (specify).

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Updated September 2000 by Major Danny K. Worwood, M.D.
Reviewed March 2004 and minor changes made.

GENERAL SURGERY CLINIC

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 2.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Four.
PREFERRED FM CLINIC TIMES. Thursday, Friday, Monday and Tuesday PM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to General Surgery Service.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. No.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. No.
CONFERENCES. None required in surgery.
CALL REQUIRED. No.
PRESENTATIONS. As assigned by surgery staff.
SUGGESTED READINGS. Selected readings on outpatient surgery.

Specific Goals for Surgery Clinic.

-- Demonstrate satisfactory performance in the Psychomotor Skills listed below.
-- Master those subjects learned during General Surgery Rotation during PGY 1.
-- Accurately diagnose, properly manage (including the initial resuscitation and stabilization), and appropriately consult or refer (when needed) those patients with outpatient surgical disease commonly encountered in family practice, to include:
-- Breast pathology and masses.
-- Peripheral vascular disease.
-- Burns.
-- Lacerations.
-- Common anorectal problems, including hemorrhoids.
-- Skin and subcutaneous masses (e.g. lipomas, inclusion cysts, etc.)
-- Understand and master the principles of outpatient surgery.

Psychomotor Skills.

-- Anoscopy.
-- Aspiration of breast masses.
-- Biopsy of breast masses.
-- Excisional biopsy of skin lesions.
-- Excision of minor skin and SQ lesions (e.g. lipomas).
-- Evacuation of thrombosed external hemorrhoids.
-- Flexible sigmoidoscopy.
-- Hemorrhoidal banding.

-- Proper suturing techniques.
-- Punch biopsy of skin lesions.
-- Rigid sigmoidoscopy.
-- Shave biopsy of skin lesions.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed/Revised June 2002 and minor changes made.
Reviewed March 2004 and minor changes made.

GENERAL SURGERY WARD

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 1.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. None.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. One.
PREFERRED FM CLINIC TIMES. Wednesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. No.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. No.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No, social rounds only.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to General Surgery Service.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. Yes.
SCHEDULED REQUIREMENTS:
ROUNDS. Daily ward rounds as determined by chief surgical resident and attending.
CONFERENCES. As determined by chief surgical resident and attending.
CALL REQUIRED. Yes, usually every third night.
PRESENTATIONS. As assigned by the chief surgical resident and attending.
SUGGESTED READINGS:
-- Standard surgical text.
-- Cope's text on the acute abdomen.
SURGICAL PROCEDURES. Two OR cases as primary surgeon with staff attending.

Specific Goals for General Surgery Ward.

-- Recognize what problems require surgical intervention and when a particular problem requires referral to a surgeon.
-- Perform a thorough, accurate, and appropriately directed history and physical examination on the surgical patient.
-- Accurately diagnose, properly manage (including initial resuscitation and stabilization), and appropriately consult or refer (when needed) those patients with surgical disease and emergencies, such as:
-- Trauma.
-- Shock.
-- Burns - all degrees.
-- Acute and chronic abdominal pain.
-- Biliary tract disease, including cholecystitis.
-- Pancreatic disease, including pancreatitis.
-- Acute appendicitis.
-- Intestinal obstruction.
-- Inguinal, umbilical and femoral hernias.
-- Pneumothorax.
-- Peripheral vascular disease.
-- Understand the principles of Pre-Operative evaluation and care.
-- Understand the principles of Post-Operative evaluation and care, including:
-- Wound healing.

-- Management of fluid, electrolytes and nutrition.
-- Recognition and management of common complications.

Psychomotor Skills.

-- Aspiration of breast mass/cyst.
-- *Central (subclavian, jugular, and femoral) IV lines.
-- Incision and drainage of abscess.
-- Insertion of arterial line.
-- *Insertion of chest tube.
-- Insertion and use of nasogastric feeding tubes.
-- Laceration repair and suturing.
-- *Needle thoracentesis.
-- *Treatment of pilonidal cyst.
-- *Peritoneal lavage.
-- *Venous cut down.
-- Basic surgical principles and skills, including asepsis and proper handling of tissue in order to become a competent surgical assistant.

"*" Assuming the opportunity arises

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed/Revised June 2002 and minor changes made.
Reviewed March 2004 and minor changes made.

GERIATRICS

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 2.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Two.
PREFERRED FM CLINIC TIMES. Monday PM and Tuesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes, excused for the first and third afternoons in order to attend interdisciplinary team meetings.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Center for Aging.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). No.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. Yes.
SCHEDULED REQUIREMENTS:
ROUNDS. Yes, each assigned patient will be seen at minimum once every other week.
CONFERENCES. Yes. Interdisciplinary team meeting Wednesday 1300-1430.
CALL REQUIRED. No.
PRESENTATIONS. Once during rotation on a geriatric topic as planned with staff.
GERIATRIC ASSESSMENTS. Perform at least four geriatric assessments on new admissions.
HOME VISITS. Two home visits to FM geriatric patients.
READING ASSIGNMENTS:
-- AAFP Home Study Guides on Geriatrics (I and II).
-- Selected readings from the Geriatrics Review Syllabus.
-- Handbook of articles on selected topics provided by Center for Aging.

Specific and General Goals for Geriatric Rotation.

Patient Care:
-- Perform an appropriate history and physical and admission orders for new patients.
-- The ability to assume the role of primary care for assigned geriatric patients.
-- Perform home visits and gain an understanding for assessment and management of elderly patients in the home environment.
-- Make the appropriate selection, interpretation, and performance of diagnostic procedures in order to manage an elderly patient.
-- Develop problems lists in practical, clinical, functional, psychological and social terms.

Medical Knowledge:
-- Ability to recognize, manage, and appropriately refer for common geriatric problems encountered in family medicine, to include but not limited to:
-- Special senses—hearing and vision loss, speech disorders, decubiti, gait disorders.
-- Respiratory—pneumonia, COPD.
-- Cardiovascular—hypertension, congestive heart failure, myocardial infarction, temporal arteritis, cerebral vascular accidents, TIA/stroke, postural hypotension.
-- Gastrointestinal—dentition problems, acute abdomen, anorexia, constipation, fecal impaction.
-- Genitourinary—incontinence, UTI, bacteriuria, sexual dysfunction.

-- Musculoskeletal—degenerative joint disease, fractures, contractures, osteopenia/osteoporosis, podiatric problems, falls.

-- Neurological—delirium, dementia, altered mental status, dizziness, tremor, memory loss, gait disorders.

-- Metabolic—dehydration, diabetes, hypothyroidism, drug-induced illness, malnutrition, anemia, hypothermia, malignancies.

-- Psychosocial—abuse, alcoholism, grief reaction, depression, effects of illness/pain/terminal care, failure to thrive.

-- The ability to:

-- Understand the difference between normal aging and disease.

-- Understand the greater variability in mental and physical functioning with increasing age and the difference between chronological and physiologic age.

-- Learn to diagnose and treat, with proper assistance, the major medical and psychiatric illnesses of late life.

-- Refine knowledge of pharmacology in older people especially with regards to appropriateness of medication, clearance, adverse effects, cost, drug-drug interactions, and polypharmacy.

-- Learn to evaluate geriatric medical problems and become familiar with atypical presentation of illnesses in older patients.

Medicine Based Learning and Improvement:

-- Learn to consider the legal and ethical issues which influence behavior and decisions in medical settings including decisions regarding advance directives.

-- Gain some experience in caring for terminal patients at the end of life.

-- Learn about geriatric specific resources to utilize in clinical practice.

Interpersonal and Communication Skills:

-- Learn about the social and demographic issues in the aging population with emphasis on intercultural differences.

-- Learn to communicate with older adults, taking into account possible hearing and vision impairments.

-- Communicating to the patient and/or caregivers the proposed investigation and treatment plans in such a way as to promote understanding, compliance and appropriate attitudes.

-- Communicate hope and empathy.

-- Learn to work with an interdisciplinary team of providers in a geriatric rehabilitation setting, including physicians, nursing staff, pharmacy, physical and occupational therapists, mental health, social work, nutrition, and recreational therapy.

Professionalism:

-- Ability to interact with patients in a respectful and altruistic manner, demonstrating sensitivity to culture, age, disability, and gender differences.

-- Understand the professional commitment required in caring for elderly in the clinic, at home, or in a nursing home.

System-based Medicine:

-- Develop skills in organizing a care plan with the participation of the patient, family, and other members of the interdisciplinary team.

-- Develop an understanding of the types of long-term care facilities and alternative housings available to the elderly.

-- Develop an awareness of the benefits and limitations of advanced directives, living wills, and durable power of attorney.

-- Understand the role of the geriatrician in the care of the elderly.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.

-- Direct observation on rotation.

-- Informal feedback throughout rotation.

Prepared August 1993 by Colonel John Powers, M.D. and Major Fred Miser, M.D.
Reviewed/Revised March 1997 by Major Mary J. Wyman, M.D.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed June 2002 and minor changes made.
Reviewed August 2003 and minor changes made.
Reviewed March 2004 and minor changes made.
Reviewed/Revised February 2006 by Major Dawn C. Uithol, M.D.

GYNECOLOGY

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 2.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Two.
PREFERRED FM CLINIC TIMES. Thursday and Monday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. No.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Gynecology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. Yes, while on call only.
SCHEDULED REQUIREMENTS:
ROUNDS. No.
CONFERENCES. As scheduled by GYN staff.
CALL REQUIRED. Yes, GYN call.
PRESENTATIONS. As assigned by GYN staff.
SUGGESTED READINGS. As assigned by GYN staff.

Specific Goals for Gynecology.

Patient Care:

-- Capitalize on opportunities to gather essential and accurate information.

-- Assume care of all patients on the service, and develop the skill to make informed decisions about diagnosis and treatment.

-- Develop and carry out treatment plans for patients in the outpatient and inpatient settings.

-- Develop an understanding of who needs to be admitted and who can be treated on an outpatient basis, and understand the proper timing of hospitalization in the management of problems.

-- Learn the indications and how to perform procedures competently.

Medical Knowledge:

-- Understand the normal sexual development of girls and women.

-- Understand the anatomy and physiology of the female genitourinary system, to include the physiology of menstruation.

-- Accurately diagnose, properly manage, and appropriately consult or refer GYN conditions and emergencies, such as:

-- Abnormal uterine bleeding, amenorrhea and menometrorrhagia.

-- Common gynecologic infections such as vulvitis, vaginitis, cervicitis, endometritis, salpingitis and PID.

-- Abnormal cervical cytology, including atypia, dysplasia, carcinoma in situ and carcinoma.

-- Gynecological cancers including endometrial and ovarian.

-- Approach and management of the infertile couple.

-- Indications, contraindications, benefits, risks and side effects of the various types of contraception.

-- Approach and treatment of the pelvic masses.

-- Indications and proper use of diagnostic procedures such as laparoscopy, colposcopy, hysteroscopy and hysterosalpingograms.

-- Approach and management of the woman who has been sexually assaulted.

-- Approach and management of sexual dysfunction.

-- Approach to the perimenopausal women, risks, benefits and various regimens of estrogen replacement therapy.

-- Other common gynecologic conditions such as dysmenorrhea, ectopic pregnancy, first trimester abortions (complete, incomplete, missed), chronic pelvic pain, urinary incontinence and cervical prolapse.

-- The process of aging on the female genital tract.

-- Know and apply the basic and clinically supportive sciences appropriate to the discipline on which you are rotating.

-- Demonstrate an investigatory and analytic thinking process for each patient.

Medicine-Based Learning and Improvement:

-- Analyze practice experience and perform practice-based improvement activities.

-- Locate, appraise and assimilate evidence into your practice experience through increasing knowledge about study designs and statistics.

-- Obtain and use information about your patient population.

-- Develop skills for proper presentation of patients to colleagues.

-- Facilitate learning of others.

Interpersonal and Communication Skills:

-- Create and sustain a therapeutic and ethically sound relationship with patients.

-- Interact with staff OB/GYN physicians who will serve as advisors and role models.

-- Interact with fellow residents as a team of care providers.

-- Develop, use and enhance communication skills (nonverbal, explanatory, questioning, and writing).

Professionalism:

-- Demonstrate a commitment to carrying out professional responsibilities (accountability to patients, society and profession and ongoing professional development).

-- Demonstrate an adherence to ethical principles (withholding clinical care, confidentiality, informed consent, and business medicines).

-- Demonstrate sensitivity to a diverse patient population (gender, culture, age).

System-based Medicine:

-- Understand the proper use of referral and consultation and where your patients fit into the big picture of the military health care system.

-- Understand the roles of the community, and the resources available to assist in the patient's care.

-- Advocate for quality, cost effective care and assist your patients with the MHS.

Psychomotor Skills.

-- *Bartholin duct drainage.

-- Cervical colposcopy with and without cervical biopsy.

-- *Cervical polypectomy.

-- *Cryosurgery/Cautery of cervix for benign disease.

-- Diaphragm fitting.

-- D&C for incomplete abortions.

-- Endometrial biopsy and aspiration curettage.

-- First assist with GYN cases.

-- IUD insertion and/or removal.

"*" As opportunities arise.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed/Revised September 2000 by MAJ Mark M. Reeves, M.D.
Reviewed/Revised September 2001 by MAJ Mark. M. Reeves, M.D.
Reviewed March 2004 and minor changes made.
Reviewed/Revised February 2006 by Major Dawn C. Uithol, M.D.

HIGH RISK OBSTETRICS

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Three.
PREFERRED FM CLINIC TIMES. Monday AM and Friday and Tuesday PM.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Obstetrics Service.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. Yes.
SCHEDULED REQUIREMENTS:
ROUNDS. Ward rounds on HROB Service (during the weekdays).
CONFERENCES. As scheduled by OB staff.
CALL REQUIRED. No (pulling FM call).
PRESENTATIONS. As assigned by OB staff.
SUGGESTED READINGS:
-- William's *Obstetrics.*
-- Gabbe's Obstetrics.
-- AAFP Home Study Guide on OB Complications.
-- Others as provided by OB staff.

Specific Goals for High Risk Obstetrics.

Patient Care:

-- Learn how to manage moderate and high risk OB patients in the clinic, and know who can be managed as an outpatient and who needs to be admitted.

-- Gain exposure to the recognition and management of the conditions which might complicate a pregnancy:

-- Polyhydramnios.
-- Oligohydramnios.
-- Gestational diabetes mellitus.
-- Class B-R diabetes mellitus.
-- Hypertensive disorders on pregnancy such as chronic hypertension, pregnancy-induced hypertension, preeclampsia and eclampsia.
-- Antepartum hemorrhage.
-- Abruptio placentae.
-- Placenta previa.
-- Preterm labor.
-- Premature rupture of membranes.
-- Multiple gestation pregnancy.
- Intrauterine growth retardation.
-- Postdates pregnancy.
-- Rh isoimmunization.

-- Thyroid disease in pregnancy.
-- Capitalize on opportunities to gather essential and accurate information.
-- Assume care of all patients on the service, and develop the skill to make informed decisions about diagnosis and treatment.
-- Develop and carry out treatment plans for high risk OB patients in the outpatient and inpatient settings.
-- Develop an understanding of which OB patients need to be admitted and who can be treated on an outpatient basis, and understand the proper timing of hospitalization in the management of problems.
-- Learn the indications for and how to perform procedures competently.

Medical Knowledge:
-- Learn to differentiate between "low-risk" and "high-risk" pregnancies.
-- Learn how to use ultrasound in conjunction with history, physical exam and OB milestones to optimize dating.
-- Know and apply the basic and clinically supportive sciences appropriate to the discipline on which you are rotating.
-- Demonstrate an investigatory and analytic thinking process for each patient.

Medicine-Based Learning and Improvement:
-- Analyze practice experience and perform practice-based improvement activities.
-- Locate, appraise and assimilate evidence into your practice experience through increasing knowledge about study designs and statistics.
-- Obtain and use information about your patient population.
-- Develop skills for proper presentation of patients to colleagues.
-- Facilitate learning of others.
-- Understand the role of the Antepartum Diagnostic testing and management.

Interpersonal and Communication Skills:
-- Create and sustain a therapeutic and ethically sound relationship with patients.
-- Interact with staff family physicians that will serve as advisors and role models.
-- Interact with fellow residents as a team of care providers.
-- Develop, use and enhance communication skills (nonverbal, explanatory, questioning, and writing).

Professionalism:
-- Demonstrate a commitment to carrying out professional responsibilities (accountability to patients, society and profession and ongoing professional development).
-- Demonstrate an adherence to ethical principles (withholding clinical care, confidentiality, informed consent, and business medicines).
-- Demonstrate sensitivity to a diverse patient population (gender, culture, age).

System-based Medicine:
-- Understand the role and use of the obstetrician and perinatologist as consultants.
-- Understand the proper use of referral and consultation and where your patients fit into the big picture of the military health care system.
-- Understand the roles of the community, and the resources available to assist in the patient's care.
-- Advocate for quality, cost effective care and assist your patients with the MHS.

Psychomotor Skills.

-- Build upon skills from L&D and OB clinic.
-- Familiarization with components of limited ultrasound.
-- First assist with C-section.
-- Interpretation of biophysical profile.
-- Interpretation of NST/CST.
-- *Vacuum extraction.
-- *Low forceps delivery.
-- *Amniocentesis (third trimester).

-- *Manual removal of placenta.
-- *Repair of third and fourth degree tears.
-- *Repair of vaginal wall tears.

"*" As opportunities arise.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared November 1997 by Captain Mark S. Williams, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed March 2004 and minor changes made.
Reviewed/Revised February 2006 by Major Dawn C. Uithol. M.D.

INFECTIOUS DISEASE

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Practice.

NUMBER OF HALF-DAYS EACH WEEK IN FP CLINIC. Five.
PREFERRED FP CLINIC TIMES. Thursday, Monday, Tuesday and Wednesday AM and Friday PM.
FP MORNING REPORT ATTENDANCE REQUIRED. Yes.
FP WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FP BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FP AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FP CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FP PANEL PATIENTS. Yes.
RESPONSIBLE FOR FP OB PANEL PATIENTS. Yes.

Responsibilities to Infectious Disease.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. As scheduled by infectious disease staff.
CONFERENCES. As scheduled by infectious disease staff.
CALL REQUIRED. No.
PRESENTATIONS. As assigned by infectious disease staff.
SUGGESTED READINGS.
-- "The Medical Management of AIDS", 4th Ed, Sande/Volberding.
-- AMA HIV: Early Intervention, Physician Guidelines, 2nd Ed.

Specific Goals for Infectious Disease.

-- Understanding the microbiology and pathophysiology of commonly encountered infectious diseases in primary care.
-- Appreciation for the role of the Infectious Disease consultant and when to consult.
-- Familiarization with the laboratory methods used to aid in the diagnosis of infectious diseases.
-- Familiarization with commonly encountered infectious diseases in the military community when deployed to various areas of the world.
-- Introduction to the attitudes of the resident regarding sexuality, IV drug use, cultural differences, communicable diseases and death especially as it relates to HIV/AIDS.
-- Introduction to the pathophysiology and microbiology of HIV disease as well as its impact on the family unit.
-- Familiarization with the process of choosing antibiotic therapy in the inpatient and outpatient setting.
-- Develop history taking skills necessary to illicit a complete sexual, travel and risk associated history on a patient with an infectious disease.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared June 1996 by LTC David D. Ellis, D.O.

Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Updated September 2001 by Major Danny K. Worwood and consolidating HIV Infection/AIDS and Infectious Disease Goals and Objectives
Reviewed March 2004 and minor changes made.

INTERNAL MEDICINE WARD

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 1.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. None.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. One.
PREFERRED FM CLINIC TIMES. Either Tuesday or Wednesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. No.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No, social rounds only.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Internal Medicine.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). No.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. Yes.
SCHEDULED REQUIREMENTS:
ROUNDS. Yes, daily.
CONFERENCES. Internal medicine morning report and lectures.
CALL REQUIRED. Yes, as determined by internal medicine staff.
PRESENTATIONS. As assigned by internal medicine staff.
SUGGESTED READINGS:
-- Selected readings as assigned by medicine staff attending.
-- Selected readings on patients from standard medicine texts.

Specific Goals for Internal Medicine.

-- Develop proficiency in history taking, physical exam, interpretation of lab and radiological results, and a sufficiently extensive working DDx.
-- Understand the approach to the evaluation and management of:
-- Neurological diseases such as TIAs, CVA, delirium and dementia.
-- Cardiovascular diseases such as ASCAD, CHF, hypertension, dysrhythmias and vascular insufficiency.
-- Pulmonary diseases such as asthma, COPD, pneumonia and pulmonary embolism.
-- Urinary tract diseases including infections, stones, interstitial processes and renal failure.
-- Gastrointestinal diseases including causes of upper GI bleeds, hepatic diseases, pancreatic disease, biliary tract disease, causes of lower GI bleeds, diverticular disease and inflammatory bowel disease.
-- Hematologic diseases including leukemia, anemia, bleeding dyastheses, and AIDS.
-- Endocrine disorders including adrenal dysfunction, diabetes mellitus, and thyroid dysfunction.
-- Rheumatologic disorders including rheumatoid arthritis, systemic lupus erythematosous, collagen vascular diseases and other arthritidites.
-- Neoplasms including primary evaluation and metastatic workup, radiotherapy and chemotherapy and its complications and oncologic emergencies.
-- Assume the primary care role for all assigned inpatients.

Psychomotor Skills.

-- Arterial puncture for blood gas.
-- Bone marrow aspiration and biopsy.
-- *CPR and ACLS.
-- *Endotracheal intubation.
-- Foley catheter placement.
-- Gastric lavage.
-- *Liver biopsy.
-- Lumbar puncture.
-- Nasogastric tube placement.
-- *Paracentesis.
-- *Pleural biopsy.
-- *Thoracentesis.

"*" As opportunities arise.

Evaluation.

-- Online evaluation (Myevaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Updated September 2000 by Major Danny K. Worwood, M.D.
Reviewed March 2004 and minor changes made.

LABOR AND DELIVERY

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 1 and 2.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. One during PGY 1 and two during PGY 2.
PREFERRED FM CLINIC TIMES. PGY 1, Wednesday AM. PGY 2, Monday and Wednesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No, social rounds only.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Obstetrics Labor and Delivery.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes (walk-ins to L&D).
INPATIENT CONSULTS. No.
INPATIENT CARE. Yes.
SCHEDULED REQUIREMENTS:
ROUNDS. Obstetrics and L&D.
CONFERENCES. Obstetrics morning report and lectures.
CALL REQUIRED. Yes, as determined by the OB call roster.
PRESENTATIONS. As assigned by OB staff.
SUGGESTED READINGS:
-- William's *Obstetrics*.
-- Gabbe's Obstetrics.
-- L&D SOP.
-- Others as provided by OB staff.
SUPERVISORY RESPONSIBILITIES OF PGY 2. Family Medicine intern and other interns as directed by the OB "Pit Boss".

Specific Goals for Obstetrics Labor and Delivery (all year groups).

Patient Care:

-- Perform evaluations of term patients who present to L&D Triage by gathering essential and accurate information and presenting to the L&D pit boss.

-- Develop an understanding of who needs to be admitted and who can be treated on an outpatient basis and carry out the treatment plan.

-- Assume inpatient care of patients on L&D as assigned by the pit boss and develop the skill to manage and deliver term labor patients.

Medical Knowledge:

-- Demonstrate an investigatory and analytic thinking process for each patient.

-- Understand and manage routine prenatal care, postpartum care, normal labor and delivery, as well as, the care of the normal newborn in the delivery room.

-- Understand fetal monitoring in labor, and recognize the signs of fetal distress.

-- Understand the proper timing of hospitalization in the management of common obstetrical complications (GBS, preterm labor, pregnancy-induced hypertension, pre-ecclampsia, gestational diabetes, post-dates pregnancies, ante and postpartum hemorrhage, and meconium).

-- Understand the treatments for intrapartum complications (labor augmentation, chorioamnionitis, dysfunctional labor patterns.

-- Understand normal growth and development of the fetus.
-- Understand the correct dating of pregnancies using standard obstetrical milestones.
-- Properly manage threatened, incomplete, complete, and recurrent spontaneous abortions, to include proper supportive care and patient education.
-- Understand the indications for vacuum extraction, forceps delivery, and C-section.
-- Understand post-partum contraceptive techniques and counseling.
-- Understand the role of ultrasound imaging during pregnancy and labor.

Practice-Based Learning and Improvement:
-- Reinforce the identity and commitment to the principles and philosophical attitudes of Family Medicine while on Labor and Delivery.
-- Obtain and use information about our patient population.
-- Develop skills for proper presentation of patients to obstetricians.
-- Understand the anatomical, physiologic, and psychological impact of pregnancy upon a woman and her family.

Interpersonal and Communication Skills:
-- Understand the role of the L&D nurse in the care of the pregnant patient.
-- Create and sustain a therapeutic and ethically sound relationship with patients.
-- Interact with staff obstetricians that will serve as advisors and role models.
-- Interact with fellow OB residents as a team of care providers.
-- Develop, use and enhance communication skills (nonverbal, explanatory, questioning, and writing).
-- Appreciate the importance of patient health education.

Professionalism:
-- Demonstrate a commitment to carrying out professional responsibilities (accountability to patients, society and profession and ongoing professional development).
-- Demonstrate an adherence to ethical principles (withholding clinical care, confidentiality, informed consent, and business medicines).
-- Demonstrate a sensitivity to a diverse patient population (gender, culture, age).

System-based Medicine:
-- Understand the proper use of referral and consultation.
-- Understand the system complexities of hospitalization and discharge of a mother-baby couplet and facilitate the new parents' understanding.
-- Understand the roles of the community, and the resources available to assist in the patient's care.

Additional Specific Goals for Obstetrics Labor and Delivery for PGY 2.

-- Gain additional mastery of the goals listed above.
-- At the PGY 2 level, work with the "Pit Boss" of L&D in managing the labor of several patients at one time.
-- Understand the role of the obstetrician as a consultant.

Psychomotor Skills.

-- Amniotic fluid index.
-- NST and CST interpretation.
-- Application of fetal scalp electrode.
-- Insertion of intrauterine pressure catheter.
-- Intrauterine resuscitation (amnioinfusion).
-- Augmentation of labor.
-- Induction of labor.
-- *Pudendal anesthesia.
-- Vaginal delivery.
-- Episiotomy and repair.
-- *Vacuum extraction.

-- *Low forceps delivery.
-- *Manual removal of placenta.
-- *Repair of vaginal wall lacerations.
-- *Repair of 3rd/4th degree lacerations.

"*" As opportunities arise.

For PGY 2 gain additional master of procedures outlined above with emphasis on mastering more complex skills such as vacuum or outlet forceps deliveries and in supervising interns in these procedures.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared May 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Updated August 1999 by Major Mark M. Reeves, M.D.
Reviewed March 2004 and minor changes made.
Reviewed/Revised February 2006 by Major Dawn C. Uithol, M.D.

NEPHROLOGY

Administrative Information.

LENGTH. Four/Six weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Five.
PREFERRED FM CLINIC TIMES. Thursday, Friday and Monday PM and Friday and Wednesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. No.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Nephrology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. Daily inpatient attending rounds.
CONFERENCES. None.
CALL REQUIRED. No.
PRESENTATIONS. None.
SUGGESTED READINGS. As assigned by nephrology staff.

Specific Goals for Nephrology.

-- Understand the following:
    -- Anatomy and physiology of the renal system.
    -- Preventive measures for hypertensive diabetic nephropathy.
    -- Indications and risks of antibiotic and drug use in patients with renal disease.
-- Understand the indications, performance, complications, and interpretation of:
    -- Renal ultrasound.
    -- Renal Scan.
    -- Renal arteriography.
    -- Renal transplantation.
    -- Peritoneal dialysis.
    -- Hemodialysis.
-- Recognize, understand the pathophysiology, evaluate, manage, and know when to appropriately refer the following:
    -- Acid/Base problems.
    -- Fluid/Electrolyte problems.
    -- Acute renal failure.
    -- Chronic renal failure.
    -- Urinary tract infection.
    -- Proteinuria.
    -- Renal tubular acidosis.
    -- Secondary hypertension.
-- Understand the role of the nephrologist as a consultant.

Evaluation.
-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation and residency.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Updated September 2000 by Major Danny K. Worwood, M.D.
Reviewed March 2004 and minor changes made.

NEUROLOGY

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Four.
PREFERRED FM CLINIC TIMES. Monday, Tuesday, Thursday and Friday PM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes, except for Monday AM when in Neurology Morning Report.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Neurology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes, as deemed appropriate by neurology staff (if an elective can be designed to incorporate neuro consults although I'm not currently seeing inpatients)
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. None except for routine follow-up on inpatient consults.
CONFERENCES. Monday morning didactics.
CALL REQUIRED. No.
PRESENTATIONS. Thirty minute lecture on neurologic topic of your choice.
SUGGESTED READINGS. See list of required neurology reading.

Specific Goals for Neurology.

PATIENT CARE:
-- Evaluate patients being seen in new consultation and develop skills to perform a complete neurologic history and physical examination.
-- Acquire clinical appreciation (history, evaluation, treatment, and prognosis) of the following conditions:
-- Stroke.
-- Seizures.
-- Headaches.
-- Peripheral neuropathies.
-- Structural CNS lesions.
-- Neuro-muscular disorders.
-- Myopathies.
-- Encephalopathies.
-- Dementias.
-- Head trauma.
-- CNS infections.
-- Learn to synthesize data obtained from the patient encounter to generate a differential diagnosis, assessment and plan for the patient presenting for evaluation of a neurologic disorder.
-- Understand the indications for the following examinations/procedures:
-- Carotid doppler exho scans.
-- CT and MRI of the CNS.
-- Digital intravenous angiography.

-- EEG and evoked potentials.
-- EMG and nerve conduction studies.
-- Sleep study.
-- Myelography.

MEDICAL KNOWLEDGE:

-- Gain a fundamental appreciation for basic principles of neuroscience in order to develop a systematic and clinically sound process for evaluation and treatment of patients.
-- Understand the pathophysiology of various neurologic disorders.
-- Understand the pharmacology (action, toxicity, and interaction) of commonly prescribed neurologic medication.

PRACTICE-BASED LEARNING AND IMPROVEMENT:

-- Develop the skills to effectively present all patients evaluated to neurology staff physicians.
-- Apply feedback from neurology staff physicians to further improve clinical skills in neurology.
-- Present a 30 minute lecture during your rotation on a neurology topic of your choice.

INTERPERSONAL AND COMMUNICATION SKILLS:

-- Learn to communicate with your patients in a manner that enhances the patient-clinician relationship in all encounters.
-- Learn to effectively communicate with neurology consultants as part of a treatment team to enhance patient care.
-- Effectively document a neurology patient encounter.
-- Learn to practice culturally competent medicine as it pertains to the evaluation and treatment of patients with neurologic disorders.

PROFESSIONALISM:

-- Complete all military and clinical tasks assigned in a timely fashion.
-- Practice strict adherence to ethical principles in all matters of clinical practice.
-- Present yourself as a respected officer and physician at all times to patients and physician colleagues.

SYSTEM-BASED MEDICINE:

-- Gain an appreciation for the process of referring patients to neurology care in the military health care system.
-- Understand the resources available in the military health care system and civilian community to assist in patient care.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared September 2000 by Major Danny K. Worwood, M.D.
Reviewed March 2004 and minor changes made.
Reviewed and revised March 2006 by Major Dawn C. Uithol, M.D.

NEWBORN NURSERY

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 1.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. One.
PREFERRED FM CLINIC TIMES. Wednesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615-1645) REQUIRED. Yes, Monday only.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No, social rounds only.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Newborn Nursery.

PATIENT RESPONSIBILITIES:

OUTPATIENTS (SCHEDULED/CONSULTS). Yes (Thursday and Friday afternoons are spent in the Well Baby Clinic); in addition, the intern will be responsible for follow up of laboratory data returned to the nursery after the newborn has been discharged.

INPATIENT CONSULTS. Yes, newborn care.
INPATIENT CARE. Yes.

SCHEDULED REQUIREMENTS:

ROUNDS. Daily with the nursery house staff and attending.
CONFERENCES. Pediatric morning report and lectures.
CALL REQUIRED. Yes, NICU call as determined by the pediatric call roster.
PRESENTATIONS. As assigned by newborn nursery attending.
SUGGESTED READINGS. As provided by newborn nursery attending.

Specific Goals for Newborn Nursery.

-- Understand normal prenatal growth and the effect of maternal disease (e.g. diabetes) and medication/drug use on fetal outcome.
-- Understand the normal anatomy, physiology, growth, and development of the newborn.
-- Attend high risk deliveries and understand the basics of neonatal resuscitation, stabilization, and preparation for transport of those distressed neonates.
-- Understand the unique fluid and electrolyte requirements of the neonate and manage fluid replacements, including intravenous fluids in the newborn.
-- Understand nutritional needs of both the term and preterm newborn, including breast and formula feedings, and recognize and threat problems of newborn and infant feeding.
-- Learn the signs and symptoms of major congenital defects, to include:
    -- Significant neurological disease.
    -- Trisomy 21, Turner's Syndrome.
    -- Cyanotic/acyanotic heart disease.
    -- Congenital hip dislocation.
    -- GU – hypospadias, contraindications to circumcision.
    -- GI – defects in the abdominal wall, acute obstruction.
-- Understand the pathophysiology, early recognition, and management of:
    -- Neonatal jaundice - physiologic and pathologic.
    -- Blood group incompatibility.
    -- Respiratory problems, such as apnea, transient tachypnea of the newborn, hyaline membrane disease and meconium aspiration.

-- Abnormalities of birth weight, to include small for gestational age, intrauterine growth retardation, large for gestational age and macrosomia.

-- Infections such as sepsis, HIV, pneumonia, meningitis, TORCH syndrome and conjunctivitis.

-- Become familiar with the fluid management, nutrition, and the stabilization of the sick newborn, to include possible need for O2, IV glucose, and sepsis evaluation.

-- Become familiar with unique problems affecting the preterm and high risk neonate.

-- Become proficient at parent education of the newborn and infant.

-- Understand the screening tests for inborn errors of metabolism.

-- Understand the indications and contraindications of circumcisions.

-- Understand the role of the Neonatologist as a consultant.

Psychomotor Skills.

-- Arterial Puncture for Blood Gas.

-- Bladder Catheterization.

-- *Umbilical venous or arterial line.

-- *Chest tube insertion.

-- Circumcision.

-- *Intubation.

-- Lumbar Puncture.

-- Peripheral IV Line.

-- *Suprapubic Tap for Urine Culture.

"*" As opportunities arise.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.

-- Direct observation on rotation.

-- Informal feedback throughout rotation.

Prepared December 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed March 2004 and minor changes made.

NEWBORN SPECIAL CARE UNIT – KAPI'OLANI

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 2.
AWAY ELECTIVE. Yes.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. None.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. One.
PREFERRED FM CLINIC TIMES. Thursday PM.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. No.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. No.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in FP clinic.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No.
RESPONSIBLE FOR FM OB PANEL PATIENTS. No.

Responsibilities To Newborn Special Care Unit.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). No.
INPATIENT CONSULTS. No.
INPATIENT CARE. Yes.
SCHEDULED REQUIREMENTS:
ROUNDS. As scheduled by Newborn Special Care staff.
CONFERENCES. As directed by Kapiolani supervising staff.
CALL REQUIRED. Yes, average 6-7 calls per rotation.
PRESENTATIONS. As assigned by Newborn Special Care staff.
SUGGESTED READINGS:
-- *Care of the High Risk Neonate.*
-- Others as assigned by the Newborn Special Care staff.

Specific Goals For Newborn Special Care Unit.

-- Demonstrate understanding of the goals and objectives outlined for the newborn nursery rotation.
-- Attend high risk deliveries and understand the basics of neonatal resuscitation, stabilization, and preparation for transport of those distressed neonates.
-- Familiarization with the devices needed to maintain a stable environment for the sick newborn (including infusion equipment, incubators, sensing and monitoring devices).
-- Become familiar with the fluid management, nutrition, and the stabilization of the sick newborn, to include possible need for O2, IV glucose, and sepsis evaluation.
-- Understand nutritional needs of the sick term or preterm newborn, including a practical knowledge of parenteral nutrition.
-- Recognize the various congenital infections and know the various types of antimicrobial therapy for infections of the term and preterm newborn.
-- Understand the pathophysiology, early recognition, and management of neonatal jaundice -- physiologic and pathologic.
-- Understand the pathophysiology, early recognition, and management of blood group incompatibility.
-- Understand the pathophysiology, early recognition, and management of respiratory problems, such as:
-- Apnea.
-- Hyaline membrane disease.
-- Transient tachypnea of newborn.
-- Meconium aspiration.

-- Understand the pathophysiology, early recognition, and management of abnormalities of birth weight to include:
    -- Small for gestational age.
    -- Large for gestational age.
    -- Intrauterine growth retardation.
    -- Macrosomia.
-- Understand the pathophysiology, early recognition, significance, and management of signs, symptoms, or conditions such as:
    -- Sepsis.
    -- Hypoglycemia.
    -- Pallor, cyanosis, bradycardia, or jitteriness.
    -- Pneumonia.
    -- HIV.
    -- TORCH syndrome.
    -- Meningitis.
    -- Birth injuries.
    -- Anemia or polycythemia.
-- Recognize and manage the psychosocial issues of the family with a high-risk infant in the Newborn Special Care Unit.
-- Know which neonatal conditions can be safely handled in the newborn nursery, and which ones require Newborn Special Care Unit care.

Psychomotor Skills.

-- Arterial blood sampling.
-- Endotracheal intubation.
-- Heel stick and venipuncture of newborn.
--Insertion of intravenous lines.
-- Insertion and use of NG feeding tubes.
-- Interpretation of neonatal CXR.
-- Lumbar puncture.
-- *Initial management of ventilators.
-- *Insertion of umbilical arterial catheter.
-- *Insertion of umbilical venous catheter.
-- Physical examination of a preterm and/or ill neonate.
-- Resuscitate, stabilize, and transport the distressed neonate (term and preterm).
-- Suprapubic aspiration of bladder and urinary catheterization.

"*" Assuming the opportunity arises.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation and residency.

Prepared March 199 by LTC Mary J. Wyman, M.D. and approved by Dr. Chris Derauf, M.D., Kapi'olani Pediatric Program Director
Reviewed March 2004 and minor changes made.

OBSTETRICS CLINIC

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 1.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. One.
PREFERRED FM CLINIC TIMES. Wednesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Obstetrics Service.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. No.
INPATIENT CARE. Yes, L&D while on call.
SCHEDULED REQUIREMENTS:
ROUNDS. OB and L&D.
CONFERENCES. OB morning report and lectures.
CALL REQUIRED. Yes, L&D call as determined by the OB call roster.
PRESENTATIONS. As assigned by OB staff.
SUGGESTED READINGS:
-- William's *Obstetrics.*
-- Gabbe.
-- L&D SOP.
-- Others as provided by OB staff.

Specific Goals for Obstetrics Clinic.

Patient Care:

-- Capitalize on opportunities to gather essential and accurate information.

-- Assume care of all patients on the service, and develop the skill to make informed decisions about diagnosis and treatment.

-- Develop and carry out treatment plans for patients in the outpatient and inpatient settings.

-- Properly manage threatened, incomplete, complete, and recurrent spontaneous abortions, to include proper supportive care and patient education.

-- Develop an understanding of who needs to be admitted and who can be treated on an outpatient basis, and understand the proper timing of hospitalization in the management of problems.

-- Understand and manage routine prenatal care, to include the proper ordering of lab tests during pregnancy, and understand those conditions which place a pregnancy at "high risk," to include recognition of:

-- Gestational diabetes mellitus.
-- Thyroid disease in pregnancy.
-- Intrauterine growth retardation.
-- Malpresentation.
-- Polyhydramnios and oligohydramnios.
-- Incompetent cervix.
-- Bleeding due to placental problems, to include previa and abruption.
-- Hypertensive disorders of pregnancy (chronic HTN, pre-eclampsia, eclampsia).

-- Learn the indications and how to perform procedures competently.
-- Understand the proper use of the glucola screening test, its interpretation, and know when to order a three hour GTT.
-- Properly use medicines during pregnancy, and know those that are contraindicated.

Medical Knowledge:
-- Know and apply the basic and clinically supportive sciences appropriate to the discipline on which you are rotating.
-- Demonstrate an investigatory and analytic thinking process for each patient.
-- Understand normal growth and development of the fetus.
-- Understand the anatomical, physiologic, and psychological impact of pregnancy upon a women and her family.
-- Understand the correct dating of pregnancies using standard obstetrical milestones.
-- Develop an understanding of clinical pelvimetry.
-- Understand the evaluation of fetal maturity and fetoplacental adequacy.
-- Understand the approach to STD's during pregnancy.
-- Understand the approach to urinary tract infections during pregnancy.
-- Understand the effects of tobacco, alcohol, and illicit drugs on pregnancy.
-- Understand proper nutrition during pregnancy, and the approach to those with too little or too much weight gain.
-- Understand the approach to post-dates pregnancy.
-- Understand post-partum contraceptive techniques and counseling.
-- Understand the role of ultrasound imaging during pregnancy.

Medicine-Based Learning and Improvement:
-- Analyze practice experience and perform practice-based improvement activities.
-- Locate, appraise and assimilate evidence into your practice experience through increasing knowledge about study designs and statistics.
-- Obtain and use information about your OB patient population.
-- Develop skills for proper presentation of OB patients to colleagues.
-- Facilitate learning of others.

Interpersonal and Communication Skills:
-- Create and sustain a therapeutic and ethically sound relationship with patients.
-- Interact with staff and resident OB/GYN physicians who will serve as advisors and role models.
-- Interact with fellow residents as a team of care providers.
-- Develop, use and enhance communication skills (nonverbal, explanatory, questioning, and writing).

Professionalism:
-- Demonstrate a commitment to carrying out professional responsibilities (accountability to patients, society and profession and ongoing professional development).
-- Demonstrate an adherence to ethical principles (withholding clinical care, confidentiality, informed consent, and business medicines).
-- Demonstrate sensitivity to a diverse patient population (gender, culture, age).

System-based Medicine:
-- Understand pregnancy risk assessment systems, their protocols, and their implementation.
-- Understand the proper use of referral and consultation and where your patients fit into the big picture of the military health care system.
-- Understand the roles of the community, and the resources available to assist in the patient's care.
-- Advocate for quality, cost effective care and assist your patients with the MHS.

Psychomotor Skills.
-- NST interpretation.
-- Antenatal assessment/exam.
-- New OB examination.

-- Postpartum examination.
-- Enhance those skills listed under the OB L&D Goals and Objectives.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared March 1995 by LTC David D. Ellis, D.O.
Approved March 1995 by Major E. McClure, OB Staff
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed March 2004 and minor changes made.
Reviewed/Revised February 2006 by Major Dawn C. Uithol, M.D.

ORTHOPEDIC

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 2 and 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Three during PGY 2 and five during PGY 3.
PREFERRED FM CLINIC TIMES. PGY 2, Thursday and Monday AM and Tuesday PM. PGY 3, Thursday, Monday and Wednesday AM and Thursday and Monday PM.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615-1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Orthopedics.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes, majority of time should be in orthopedic clinic.
INPATIENT CONSULTS. Yes, while on orthopedic call.
INPATIENT CARE. None, except while on call.
SCHEDULED REQUIREMENTS:
ROUNDS. As scheduled by orthopedic staff.
CONFERENCES. Orthopedic morning report and lectures.
CALL REQUIRED. Yes, as determined by the orthopedic call roster.
PRESENTATIONS. Ten minute formal talk each rotation.
SUGGESTED READINGS. As provided by orthopedic staff.

Specific Goals for Orthopedic.

-- Understand the anatomy of the musculoskeletal system, with emphasis on the upper and lower extremities and joints.
-- Accurately diagnose, properly manage, and appropriately consult or refer common orthopedic conditions and emergencies, such as:
- -- Infections of the extremities.
- -- Peripheral entrapment neuropathies.
- -- Normal and abnormal pediatric gait.
- -- Scoliosis.
- -- Acute and chronic myofascial syndromes.
- -- Osteoporosis.
- -- Bursitis, tenosynovitis, and degenerative arthritis.
- -- Acute and chronic back and extremity pain.
- -- Sprains, strains, fractures, and lacerations of the upper and lower extremities.

Psychomotor Skills.

-- Reduction of simple fracture.
-- Aspiration of joints.
-- Splinting of sprains and fractures.
-- Casting of simple fractures.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Revised/Reviewed May 1999 by LTC Mary J. Wyman, M.D.
Reviewed August 2002 and minor changes made.
Reviewed March 2004 and minor changes made.

OSTEOPATHIC MANIPULATIVE MEDICINE

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 2 and 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Three.
PREFERRED FM CLINIC TIMES. Tuesday and Wednesday AM and Tuesday PM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes, when in FM clinic.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615-1645) REQUIRED. Yes, when in FM clinic.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Osteopathic Manipulative Medicine Clinic.

PATIENT RESPONSIBILITIES. See patients under supervision of osteopathic physician.
SCHEDULED REQUIREMENTS. Attend patient care in clinic on Monday, Thursday and Friday AM and PM.

Specific Goals for Osteopathic Manipulative Medicine.

-- Improve application of osteopathic philosophy in patient care.
-- Encourage development of confidence in applying osteopathic care to active duty and dependent population.
-- Enhance skills in osteopathic diagnosis.
-- Diversify osteopathic manipulative treatment skill set.
-- Improve application of osteopathic manipulative treatment.
-- Share learned knowledge with military physician community.

Evaluation.

-- On line evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout the rotation and residency.

Prepared January 2004 by Mark Ferri, D.O., Ohana Osteopathic Center.

PEDIATRIC CLINIC

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 1.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. One.
PREFERRED FM CLINIC TIMES. Wednesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No, social rounds only.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Pediatric Clinic.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes, while on call for pediatrics.
INPATIENT CARE. Yes, while on call for pediatrics.
SCHEDULED REQUIREMENTS:
ROUNDS. Post-call pediatric patients that were admitted.
CONFERENCES. Pediatric morning report and lectures.
CALL REQUIRED. Yes (alternate between pediatric ward and NICU call) as determined by the pediatric call roster.
PRESENTATIONS. As assigned by pediatric staff.
SUGGESTED READINGS. PALS course handbook and Nelson's *Pediatrics.*

Specific Goals for Pediatric Clinic.

-- Obtain a complete and accurate pediatric history and formulate a reasonable Dx.
-- Gain familiarity with those problems encountered in ambulatory pediatric care such as:
-- Infections such as otitis media, meningitis, pneumonia, pharyngitis, sinusitis, cellulitis, adenitis, urinary tract infections, gastroenteritis, and other viral diseases.
-- Allergic disorders.
-- Common dermatoses such as atopic and diaper dermatitis.
-- Behavioral disorders, to include school phobia, encopresis, enuresis, sleep disorders and attention deficit disorder.
-- Respiratory problems, to include croup, bronchiolitis and reactive airway disease.
-- Poisoning, with emphasis on prevention.
-- Congenital anomalies including cardiac (differentiate between functional and organic murmur), orthopedic (primarily spine, pelvis, and lower limbs), undescended testicle, cleft palate and blocked tear duct.
-- Understand the approach and management of the febrile neonate, the febrile infant, and the febrile child.
-- Develop competency in interacting with children of all ages, and their parents.
-- Understand pediatric nutrition, growth, and development, and be able to recognize and managing the following:
-- The child requiring special assessment in growth.
-- The child with developmental and learning delays.
-- The child with speech and/or hearing deficits.
-- The child with abnormal growth, to include failure to thrive.

-- Infants with feeding problems.
-- Understand the importance of periodic health screening, and be able to accurately perform the following:
-- Well child exam.
-- School health physical.
-- Sports and/or camp preparticipatory physical.
-- Understand the importance of developmental screening of gross motor, fine motor, language, and personal social skills.
-- Understand and administer the correct type of immunizations using the proper schedule and techniques, and know their indications, contraindications, and potential side effects.
-- Properly manage and administer common pediatric medications.
-- Gain familiarity with the legal and ethical considerations that occurs while providing care to infants and children.
-- Develop interpersonal skills to enlist various resources on the patience's behalf, including parents, family members, subspecialists, educators, social workers, and members of the establishment.
-- Properly counsel and educate parents about safety (including proper use of car seats and poison prevention), hygiene, nutrition, and care of the newborn, infant, and child.
-- Recognize, manage, and appropriately refer these pediatric surgical problems:
-- Inguinal and umbilical hernia.
-- Hydroceles.
-- Undescended testes.
-- Acute abdomen, to include, appendicitis, intussusception, and pyloric stenosis.

Psychomotor Skills.

-- Arterial blood sampling.
-- Developmental screening.
-- Initiate and maintain IV therapy.
-- Lumbar puncture.
-- Perform an appropriate pediatric physical examination.
-- Suprapubic aspiration of bladder and urinary catheterization.
-- Venipuncture.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation and residency.

Prepared September 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed June 2002 and minor changes made.
Reviewed March 2004 and minor changes made.

PEDIATRIC WARD

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 1.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. None.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC: One.
PREFERRED FM CLINIC TIMES: Wednesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. No.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED: Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic only.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No, social rounds only.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Pediatric Ward.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes, when on call as POD in emergency room.
INPATIENT CONSULTS. No.
INPATIENT CARE. Yes.
SCHEDULED REQUIREMENTS:
ROUNDS. Yes, daily.
CONFERENCES. Pediatric morning report and lectures.
CALL REQUIRED. Yes, as determined by the pediatric call roster.
PRESENTATIONS. As assigned by pediatric staff.
SUGGESTED READINGS:
-- PALS course handbook.
-- Nelson's *Pediatrics.*
-- Selected readings as assigned by staff attending.

Specific Goals for Pediatric Ward.

-- Assume the role as primary care physician for those assigned patients, and be able to clearly and concisely present their cases.
-- Demonstrate compassionate care for the pediatric patient and caring, skillful communication with his/her family and significant others.
-- Understand who can be managed as an outpatient and who requires admission.
-- Understand the evaluation and management of pediatric patients who present with:
-- Sepsis in an infant/child.
-- Meningitis.
-- Bleeding diathesis.
-- Hydrocephalus.
-- Croup.
-- Bronchiolitis.
-- Pneumonia.
-- Epiglottitis.
-- Acute tracheitis.
-- Gastroenteritis.
-- Seizure disorder.
-- Poisoning.
-- Reactive airway disease.
-- Fever in a neonate (under age 2 month).

-- Congenital heart disease.
-- Child abuse - physical/emotion/sexual.
-- Rheumatologic disorders, to include JRA.
-- Dysmorphology (evaluation of the “FLK”).
-- Volume depletion/dehydration - fluid and electrolytes.
-- Failure to thrive and other infant feeding problems.
-- Diabetes mellitus, to include diabetic ketoacidosis.
-- Chronic pulmonary disease, to include cystic fibrosis.
-- Neoplasms, to include leukemias and solid tumors.
-- Renal disease, to include acute renal failure.
-- Urinary tract infections, to include pyelonephritis.

-- For PGY 2, develop the skills needed for supervision and training of interns.

Psychomotor Skills.

-- Peripheral IV Line.
-- Venous Cutdown.
-- Central (Jugular) Venous Line.
-- Arterial Puncture for Blood Gas.
-- Lumbar Puncture.
-- Bladder Catheterization.
-- Suprapubic Tap for Urine Culture.
-- Joint Aspiration.
-- Thoracentesis.
-- Intubation.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared May 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed June 2002 and minor changes made.
Reviewed March 2004 and minor changes made.

PHYSICAL MEDICINE

Administrative Information.

LENGTH. Two weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. None.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Five.
NUMBER OF HALF-DAYS IN FM OMT CLINIC EACH WEEK. Two.
NUMBER OF HALF-DAYS IN PHYSICAL THERAPY EACH WEEK. One.
NUMBER OF HALF-DAYS IN PM&R EACH. One.
NUMBER OF HALF-DAYS IN OCCUPATIONAL THERAPY. One.
NUMBER OF HALF-DAYS FOR LITERATURE AND TECHNIQUE REVIEW. Two.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Physical Medicine.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. No.
INPATIENT CARE. Yes.
SCHEDULED REQUIREMENTS:
ROUNDS. Yes.
CONFERENCES. Yes.
CALL REQUIRED. Yes.
PRESENTATIONS. As assigned by FM staff.
SUGGESTED READINGS. As assigned by FM staff.

Specific Goals for Physical Medicine.

-- Understand and be familiar with the Psychomotor Skills listed below.
-- The physician will have an appreciation for the application of physical medicine and rehabilitation.
-- The physician will become aware of the health sustaining potential of physical medicine.
-- Participate in at least half-day of physical therapy, occupational therapy, and PM&R clinics.
-- The physician will have a greater appreciation of holistic medicine and the potential benefits to the Family Practice panel in which he/she serves.

Psychomotor Skills.

-- Thorough examination of the muscular/skeletal system, with special emphasis on the spine.
-- If prior training allows, attempt adequate manipulative techniques to all joints noted to have somatic dysfunction.
-- Educate all patients on proper exercise, stretching, and strengthening techniques for areas of dysfunction.
-- Differentiate acute from chronic musculoskeletal problems.

Evaluation.

-- Online evaluation (Myevaluations.com) upon completion of rotation.
-- Direct observation on rotation.

-- Informal feedback throughout rotation.

Prepared June 1996 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed March 2004 and minor changes made.

PREVENTIVE AND COMMUNITY MEDICINE

Administrative Information.

LENGTH: Four weeks.
STATUS: Required for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION: One week, with the exception of no leave allowed during the first full week of the rotation (Monday through Friday).

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC: Four to five.
PREFERRED FM CLINIC TIMES: See rotation template.
FM MORNING REPORT ATTENDANCE REQUIRED: Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED: Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED: Yes.
FM CALL REQUIRED: Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS: Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS: Yes.

Responsibilities to Preventive and Community Medicine.

FACMT MEETINGS: Three at TAMC; Tuesday 1000, Social Work Conference Room and one at SBULL the first Wednesday of the rotation.
HIV CLINIC TAMC: One to two half-days seeing patients in the HIV Clinic (Friday AM 0900-1100).
TB/INH CLINIC: Four half-days seeing TB patients, skin test converters, etc. (2nd and 4th Friday afternoons of the month for four weeks).
COMMUNITY HOME VISITS. One half-day working making home visits.
PREVENTIVE MEDICINE DEPARTMENT: Twelve half-days working in the Preventive Medicine Department, with breakdown as follows: (Preventive Medicine to schedule these.)
-- **Army Public Health Nursing (APNH)**. One half-day working with APHN staff during clinic hours. Latent Tuberculosis interviews, STD interview, Child Development Center inspections, Family Child Care home inspections, attend educational classes taught to the community.
-- **Health Promotion/Soldier Readiness Program (SRP) for Soldiers at Schofield Barracks**. Two half-days (first Wednesday of rotation).
-- **Environmental Scientists/Industrial Hygienists**. One half-day working with this section inspecting child care facilities, dining facilities, etc.
-- **Occupational Health**. Four half-days working with Occupational Health Physician learning/observing about work-related injuries.
-- **Inspection Control and Epidemiology**. Two half-days learning about their role in infection control, understanding infection control surveillance, understanding the requirements for reportable diseases, learning about contact tracing, etc.
READING ASSIGNMENTS:
-- AAFP Home Study Guides on Community Medicine and Occupational Health.
-- Others as provided by staff.

Specific Goals for Preventive and Community Medicine Rotation.

Patient Care:
-- Be able to take and perform a thorough occupational history and physical examination.
-- Know how to perform a pre-employment physical examination.

Medical Knowledge:
-- Become acquainted with the following sections of Preventive Medicine.
-- **Environmental Health**.
-- Sanitary engineering (include basic principles of water and sewage treatment).
-- Food inspection and standards.
-- Industrial hygiene.

-- **Preventive Medicine**. Communicable disease control (include, control of transmission, and public health hazards of specific situations).

-- **Occupational Health**.

-- Physical and emotional qualifications for various occupations.

-- Specific occupational hazards and exposures.

-- Understand the role of sight and hearing conservation, especially in the military population.

-- Know the occupational hazards for pregnant women.

-- Understand the screening methods for occupational hazards such as audiology, PFT's and PPD's.

-- Impact of Workmen's Compensation Act and medical benefits on the natural course of disease.

-- Major provisions and effects of the Occupational Safety and Health Act of 1971 (OSHA) and similar local and federal regulations.

-- Impact of retirement.

-- **Health Physics**.

-- Radiation Safety, radiation injuries, fetal exposures and the public perception of risk.

-- Medical applications of ionizing and non-ionizing radiation.

-- Military specific applications/concerns regarding radioactive material and devices.

-- Terrorist activities or accidents and the impact on the hospital from contaminated patients.

-- **Community Medicine**.

-- Community resources (include governmental and voluntary agencies available for patient or physician use).

-- Government agencies (state and local levels which influence health care and provide resources).

-- Voluntary (disease and organ) agencies at similar levels, and their resources.

-- Health education (in schools and through community programs).

-- Army Public Health Nursing, including CDC and FCC inspections.

-- **Military Unique Preventive Medicine**. Research and prepare and present a disease threat brief.

-- **Infection Control and Epidemiology**.

-- Understand the types of Infection Control Surveillance.

-- Understand your role in infection control.

-- Perform infection control rounds.

-- Understand the disease reporting requirements.

-- STD rotation at the State STD clinic.

Medicine Based Learning and Improvement:

-- Understand the basics of epidemiology, including:

-- Incidence and prevalence.

-- Sensitivity/specificity/predictive value.

-- Evaluation of diagnostic tests.

-- Evaluation of screening tests.

-- Basic study design and analysis.

Interpersonal and Communication Skills:

-- Succinctly and unambiguously communicate the information about a case verbally to the patient, your team and to a consultant in writing.

Professionalism:

-- Ability to interact with patients in a respectful and altruistic manner, demonstrating sensitivity to cultural, age, race, gender and disability differences.

System-based Medicine:

-- Understand the role of the Preventive Medicine Specialist, Occupational Medicine and Community Health nurse as consultants.

-- Awareness of the community health resources that may be utilized in the care of patients and their families.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Pre and post test.
-- Informal feedback throughout rotation.

Prepared August 1993 by Colonel John Powers, M.D. and Major Fred Miser, M.D.
Review/Revised March 1997 by Major Mary Wyman, M.D. and approved March 1997 by Colonel Glenn Cushman, Preventive Medicine
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Updated August 1999 by Major Mark M. Reeves, M.D.
Reviewed/Revised March 2006 by Major Robert C. Oh, M.D. and Colonel Michael Brumage, Preventive Medicine

PSYCHIATRY

Administrative Information.

LENGTH: Four weeks.
STATUS: Required for PGY 2.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION: One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC: Three.
PREFERRED FM CLINIC TIMES: Friday AM and Friday and Monday PM.
FM MORNING REPORT ATTENDANCE REQUIRED: Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED: Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED: Yes.
FM CALL REQUIRED: Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS: No, social rounds only.
RESPONSIBLE FOR FM OB PANEL PATIENTS: Yes.
NUMBER OF HALF-DAYS EACH IN FM COUNSELING CLINIC: Two. Availability of clinic hours for R3s.
PREFERRED FM COUNSELING CLINIC TIMES: Tuesday and Thursday PM (1300-1600).

Responsibilities to Psychiatry Service.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS): No.
INPATIENT CONSULTS: Yes.
INPATIENT CARE: Yes, as a consultant.
SCHEDULED REQUIREMENTS:
ROUNDS: Yes, with Psychiatry Liaison service.
CONFERENCES: As scheduled by psychiatry.
CALL REQUIRED: No.
PRESENTATIONS: As assigned by psychiatry staff.
SUGGESTED READINGS: As assigned by psychiatry staff and behavioral scientist.
PREFERRED DAYS WITH PSYCHIATRY DEPARTMENT: Monday through Thursday AM.

Overall Residency Goals for Psychiatry.

-- Demonstrate familiarity with those goals mentioned below.
-- Understand the psychosocial implications of patients who have the following:
    -- A family member who has illness.
    -- A patient who has psychiatric disease.
-- Understand the management of drug and alcohol detoxification.
-- Appreciate the overlap of psychiatry, psychology, and behavioral science.
-- Understand the role and use of the psychiatrist as consultant.

Overall Goals for Counseling Clinic.

-- Exposure to counseling patients and families.
-- Demonstrate ability to counsel patients using the following therapeutic modalities:
    -- Supportive.
    -- Insight/dynamic/expressive.
    -- Brief solution focused therapy.

Specific Goals for Psychiatry Liaison Service Rotation.

Patient Care:
-- Understand the initial evaluation and management of behavioral emergencies, to include:
    -- A patient in crisis.

-- Suicidal patient.
-- Acutely psychotic patient.
-- Acutely anxious patient.

-- Display the ability to recognize, evaluate, manage, seek consultation and make appropriate referral, if necessary, of the following commonly seen psychiatric problems in Family Medicine:

-- Anxiety.
-- Depression.
-- Psychosomatic disorder.
-- Character disorder.
-- Dementia.
-- The suicidal patient.
-- The violent patient.

-- Understand the indications for psychiatric admission versus outpatient care.

-- Understand the criteria for involuntary hospitalization.

Medical Knowledge:

-- Demonstrate understanding the Psychomotor Skills listed below.

-- List the DSM IV diagnostic categories and criteria for the following:

-- Mental disorders due to general medical conditions and substance induced disorders.
-- Psychotic disorders.
-- Mood disorders.
-- Anxiety disorders.
-- Somatoform disorders.
-- Sexual issues.
-- Adjustment disorders.
-- Personality disorders.
-- Eating Disorders.

-- Understand the pharmacology, indications (FDA approved and off label), contraindications, and common side effects of commonly prescribed psychiatric medication, including general classes:

-- Sedative-Hypnotics/Anxiolytics.
-- Antipsychotics.
-- Antidepressants.

-- Recognize common psychiatric symptoms due to medication side-effects.

-- Understand the emotional stages of grief and dying and impact on patient and family.

-- Differentiate delirium from dementia and demonstrate appropriate management of each.

Medicine Based Learning and Improvement:

-- Demonstrate usage and understanding of DSM IV to include the ability to formulate a multiaxial evaluation for management for each patient.

-- Ability to apply the knowledge, skills and attitudes learned on the rotation to improve care of panel patients.

Interpersonal and Communication Skills:

-- Conduct interviews to enhance data collection and optimize the doctor-patient-system relationship.

-- Understand and implement the following therapeutic modalities with patients, families and health care workers:

-- Supportive.
-- Insight/dynamic/expressive.
-- Family therapy.

Professionalism:

-- Display an appreciation for the personal, economic, familial, vocational and societal impact of psychiatric disease.

-- Ability to interact with patients in a respectful and altruistic manner, demonstrating sensitivity to cultural, age, disability and gender differences.

System-based Medicine:

-- Know maladaptive family dynamics, its impact on the patient and demonstrate interventive responsiveness to the larger system.

-- Demonstrate ability to appropriately refer a patient for psychiatric evaluation/management, ensuring continuity of care, and optimization of information exchange to enhance patient safety/compliance/care.

-- Develop a working knowledge of the resources and services in the local community and make referral as appropriate.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Videotaping of sessions and live supervision with feedback in Counseling Clinic.
-- Informal feedback throughout the rotation.

Prepared July 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1997 by Ms. Pamela Haynes, ACSW and Dr. Craig Holland, Psychiatry Liaison
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed January 2002 by Ms. Pamela Haynes, DCSW and minor changes made.
Reviewed March 2004 and minor changes made.
Reviewed/Revised February 2006 by Ms. Barbara Johnson, LICSW, and Drs. Craig Holland and John Stasinos, Psychiatry Liaisons

PULMONARY

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Practice.

NUMBER OF HALF-DAYS EACH WEEK IN FP CLINIC. Five.
PREFERRED FP CLINIC TIMES. Friday, Monday and Wednesday AM and Friday and Monday PM.
FP MORNING REPORT ATTENDANCE REQUIRED. Yes.
FP WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FP BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FP AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FP CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FP PANEL PATIENTS. Yes.
RESPONSIBLE FOR FP OB PANEL PATIENTS. Yes.

Responsibilities to Pulmonary.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. No.
CONFERENCES. No.
CALL REQUIRED. No.
PRESENTATIONS. No.
SUGGESTED READINGS. None.

Specific Goals for Pulmonary.

-- Understand the indications, performance, complications, and interpretation of:
-- Arterial blood gas.
-- Bronchoscopy.
-- Chest CT scan.
-- Exercise studies.
-- Mediastinoscopy.
-- Needle biopsy.
-- Pleural biopsy.
-- Thoracentesis.
-- Pulmonary function tests.
-- Recognize, understand the pathophysiology, evaluate, manage, and know when to appropriately refer the following:
-- Chronic bronchitis.
-- Atelectasis.
-- COPD/COLD.
-- Pneumothorax.
-- Asthma.
-- Bronchiectasis.
-- Chronic cough.
-- Solitary lung nodule.
-- Pneumonia.
-- Tuberculosis.
-- Pleural effusion.

-- Hemoptysis.
-- Respiratory failure.
-- Pneumoconiosis.
-- Sarcoidosis.
-- Lung neoplasms.
-- Lung manifestations of collagen vascular disease.
-- Hypersensitivity and fibro disorders of the lung parenchyma.
-- Recognize and manage the psychosocial issues confronting patients with lung disease.
-- Understand the role of the pulmonologist as consultant.

Psychomotor Skills.

-- Arterial puncture.
-- Pleural biopsy.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared October 1990 by LTC John M. Powers, M.D., and Major Fred D. Miser, M.D.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Updated September 2000 by Major Danny K. Worwood, M.D.
Reviewed March 2004 and minor changes made.

RADIOLOGY

Administrative Information.

LENGTH. Two/Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. None for two-week rotation and one for four-week rotation.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Five.
PREFERRED FM CLINIC TIMES. Thursday, Friday and Monday PM and Friday and Wednesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Radiology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. No.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. No.
CONFERENCES. Daily teaching conferences at 0730 and 1600.
CALL REQUIRED. No.
PRESENTATIONS. No.
SUGGESTED READINGS. As directed by radiology staff.

Specific Goals for Radiology.

-- Each resident should become familiar with the indications for procedures in obtaining routine and specialty radiologic studies.
-- Residents will also become familiar with the fundamentals of performing and interpreting a wide variety of radiologic procedures.
-- During the rotation, each resident will spend 1-2 days on nine separate services, which include:
-- Bone/musculoskeletal.
-- Chest.
-- Pediatrics radiology.
-- Neuroradiology.
-- Ultrasound.
-- Abdomen.
-- Nuclear medicine.
-- Interventional radiology.
-- Mammography.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared September 2000 by MAJ Danny K. Worwood, M.D.
Reviewed/Revised February 2002 by MAJ Danny K. Worwood, M.D.
Reviewed March 2004 and minor changes made.

RESEARCH

Administrative Information.

LENGTH. Two/Four weeks.
STATUS. Elective for PGY 2 and 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. None for two week rotation and one week for four week rotation.

Responsibilities to Family Practice.

NUMBER OF HALF-DAYS EACH WEEK IN FP CLINIC. Five.
PREFERRED FP CLINIC TIMES. Variable.
FP MORNING REPORT ATTENDANCE REQUIRED. Yes.
FP WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FP BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FP AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FP CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FP PANEL PATIENTS. Yes.
RESPONSIBLE FOR FP OB PANEL PATIENTS. Yes.

Specific Goals for Research.

-- Learn to use appropriate sources to complete literature searches/reviews.
-- Critically review a medical literature article for at least one team journal club.
-- Work toward completion of scholarly project or research study.
    -- Formulate a research question (familiarize with the process).
    -- Develop timeline for project.
    -- Collection and analysis of data (familiarize if not a part of the resident's project).
    -- Develop frameworks for structuring material.
    -- Evaluate and discussion of study findings.
-- Review basic research designs.
    -- Objective (exploratory, descriptive, analytic, qualitative).
    -- Time frame (retrospective, cross sectional, prospective).
    -- Actions by investigator (observational, interventional).
-- Review modes of written communication (review article, case report, patient/community education, research article, book chapter).
-- Have a completed "product" ready to turn in by the end of the rotation (research protocol, review of the literature, initial data analysis, draft of article, etc.).

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared September 1995 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed March 2004 and minor changes made.

RHEUMATOLOGY

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Five.
PREFERRED FM CLINIC TIMES. Thursday, Friday and Monday PM and Thursday and Wednesday AM.
FM MORNING REPORT ATTENDANCE REQUIRED. Yes.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in PM clinic.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Rheumatology.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. As scheduled by rheumatology staff.
CONFERENCES. As scheduled by rheumatology staff.
CALL REQUIRED. No.
PRESENTATIONS. As assigned by rheumatology staff.
SUGGESTED READINGS. Primer of Rheumatic Diseases.

Specific Goals for Rheumatology.

-- Describe the anatomy of synovial and cartilaginous joints, and mention the typical locations of both types.
-- Be able to examine and interpret synovial fluid findings.
-- Understand and interpret x-rays of rheumatic diseases and appreciate the scope and nature of radiographic changes in the different types of arthritis.
-- Understand the use and interpretation of laboratory tests taken in rheumatic diseases, particularly the erythrocyte sedimentation rate, rheumatoid factor, antinuclear factor serum protein electrophoresis, serum complement, and HLA-B27.
-- Properly diagnose, manage, and appropriately consult or refer those rheumatologic problems commonly encountered in family practice, such as:
-- Degenerative joint disease.
-- Rheumatoid arthritis.
-- Gout.
-- Pseudogout.
-- Infectious arthritis.
-- Ankylosing spondylitis.
-- Reiter's disease.
-- Osteoporosis.
-- Psoriatic arthritis.
-- Arthropathy of bowel disease.
-- Juvenile rheumatoid arthritis.
-- Systemic lupus erythematosus.

-- Scleroderma.
-- Myofascial pain syndromes.
-- Mixed connective tissue disease.
-- Describe the typical distribution pattern of rheumatoid arthritis and the problem often associated with its management.
-- Enumerate the conditions usually associated with urate gout - compare these to the conditions typically displayed by the pseudogout patient.
-- Be familiar with the special problems involved in the management of chronic rheumatic disease – explain six general management measures which do not involve drugs or surgery.
-- Be familiar with the uses and toxicities of commonly used drugs in rheumatoid diseases.
-- Understand the systemic manifestations of rheumatoid diseases.
-- Have a broad understanding of when surgery might be advisable or unnecessary in the management of rheumatologic problems.
-- Understand the impact of acute and chronic rheumatologic disease on the patient and his/her family.
-- Understand the role of the rheumatologist as a consultant.

Psychomotor Skills.

-- Joint aspiration.
-- Joint injection.
-- Take an accurate history.
-- Perform a thorough musculoskeletal physical examination.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared June 1996 by LTC David D. Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Updated September 2000 by Major Danny K. Worwood, M.D.
Reviewed March 2004 and minor changes made.

RURAL MEDICINE

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. None.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. None.
PREFERRED FM CLINIC TIMES. Not applicable.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM WEDNESDAY AFTERNOON LECTURE REQUIRED. No.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. No.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. No.
FM CALL REQUIRED. No.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No.
RESPONSIBLE FOR FM OB PANEL PATIENTS. No.

Responsibilities.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
ROUNDS. As scheduled by FM preceptor.
CONFERENCES. As scheduled by FM preceptor.
CALL REQUIRED. Yes, frequency determined by FM preceptor.
PRESENTATIONS. As assigned by FM preceptor; also, must give an oral presentation to FM department upon return from rotation.
SUGGESTED READINGS:
-- Handout on emporiatrics.
-- Other articles as appropriate:
-- Manson's Tropical Diseases.
-- Hunter's Tropical Medicine.
-- Tropical and Geographic Medicine.
-- Clinical Parasitology.
-- Pathology of Tropical and Extraordinary Diseases.
-- Atlas of Human Parasitology.

Overview of Duties and Responsibilities.

-- The resident is expected to ascertain the history (using a translator as necessary), physical exam findings, pertinent laboratory and x-ray results and discuss a plan of management on each patient seen - the Family Practice preceptor will be available to precept all cases.
-- Prior to the rotation, the resident will meet with the Residency Director to discuss trip preparations and review the epidemiology, pathophysiology, diagnosis and treatment of common tropical diseases – if the resident desires to perform a research project during the rotation, the Residency Director will assist him/her in developing the protocol and preparing to implement the project.
-- A record (diary) will be maintained by the resident of ALL patients seen to include the date seen, site seen (inpatient or outpatient), and the patient's age, sex, diagnosis, and treatment plan – outpatient medical records will be completed as required in the given location.

*Psychomotor Skills.

-- I&D of abscesses.

-- Venipuncture.
-- IV therapy and fluid management.
-- Preparation of stool sample for O&P.
-- Continue to work on surgical skills (C-sections, debridement, laceration repair, surgical assist).

"*" If circumstances allow.

Specific Goals for Rural Medicine Rotation.

-- The goal of this rotation is to give the resident hands-on experience in common and unusual tropical diseases as well as expose him/her to a health care delivery system with limited resources in a developing world country.
-- Residents electing to do this rotation will receive extensive hands-on experience in environments endemic for common tropical diseases such as enteric parasitic diseases. Special emphasis will be placed on the epidemiology, preventive measures, and treatment of various tropical diseases as well as discussions of adaptation to the limited resources and health care system in developing nations. The rotation will also offer the opportunity to perform a short-term field research study, if desired.
-- Understand the impact of cross cultures on medical care.
-- Understand the basics of emporiatrics.
-- For the problems listed below, the resident will be able to list the most appropriate diagnoses; outline the expected course with and without therapy; outline a plan for treatment and follow-up appropriate to the health care delivery system:
    -- Fevers and FUO's in the tropics.
    -- Acute and chronic diarrhea.
    -- Malaria.
    -- African and New World Trypanosomiasis.
    -- Leishmaniasis.
    -- Schistosomiasis.
    -- Ectoparasites.
    -- Filariasis.
    -- Amebiasis.
    -- Tuberculosis.
    -- Leprosy.
    -- Dengue and yellow fever.
    -- Hepatitis (A, B, C, Delta, E., etc.)
    -- STD's in the tropics - chancroid, LGV, granuloma inguinale, AIDS.
    -- Enteric parasitic disease (ascariasis, hookworm, taeniasis, strongyloidiasis, giardiasis, etc.)
-- List the indications, contraindications, and interpret the following lab:
    -- Stool for O&P.
    -- Stool culture
    -- Leishmaniasis skin prep.
    -- Serology.
    -- HIV studies.
    -- Thick/Thin malaria smear.
    -- Blood smear for filaria, trypanosoma.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Formal oral presentation given to department at completion of rotation.
-- Review of diary (patient log) at completion of rotation.
-- Informal feedback throughout rotation.

Prepared October 1995 by LTC David Ellis, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed March 2004 and minor changes made.

SPORTS MEDICINE

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Practice.

NUMBER OF HALF-DAYS EACH WEEK IN FP CLINIC. Five.
ROTATION TEMPLATE:

		Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	**AM**				TAMC SM	FPC/GXT
	PM				FPC	Knee Clinic/PT/OT
Week 2	**AM**	FPC	SBSM	Didactics	TAMC SM	FPC/GXT
	PM	TAMC SM	FPC	FPC	FPC	Knee Clinic/PT/OT
Week 3	**AM**	FPC	SBSM	PHY MED	TAMC SM	FPC/GXT
	PM	TAMC SM	FPC	FPC	FPC	Knee Clinic/PT/OT
Week 4	**AM**	FPC	SBSM	PHY MED	TAMC SM	FPC/GXT
	PM	TAMC SM	FPC	FPC	FPC	Knee Clinic/PT/OT
Week 5	**AM**	FPC	SBSM	Didactics/MASM		
	PM	TAMC SM	FPC	Advisor MTG		

Resident will be responsible for calling the following to set up his/her sports medicine rotation.

SBSM (Schofield Barracks Sports Medicine): Patty Camacho @ 3-8628
TAMC SM: Family Practice Clinic Sports Medicine FPC/GXT-Exercise Stress Testing: MAJ Meyer @ 3-1119
PHY MED (Physical Medicine): MAJ Davis @ 3-6284
PT (Physical Therapy): COL Deborah Stetts @ 3-6280
OT (Occupational Therapy): LTC Leonard Cancio @ 3-6272
Knee Clinic: LTC Craig Bottani @ 3-5970
MASM: Medical Aspects of Sports Medicine Topic; written/typed and PowerPoint Presentation
FPC: Family Practice Clinic schedule

FP MORNING REPORT ATTENDANCE REQUIRED. Yes.
FP WEDNESDAY AFTERNOON LECTURES REQUIRED. No.
FP BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FP AFTER-CLINIC CONFERENCE (1615-1645) REQUIRED. Yes.
FP CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FP PANEL PATIENTS. Yes.
RESPONSIBLE FOR FP OB PANEL PATIENTS. Yes.

Responsibilities to Sports Medicine.

PATIENT RESPONSIBILITIES:
OUTPATIENTS. Yes, follow-ups and new consults.
INPATIENT CONSULTS. Yes.
INPATIENT CARE. Yes.
SCHEDULED REQUIREMENTS:

SPORTS CLINICS. Tuesday and Thursday AM and Friday PM (Knee Clinic twice during rotation and PT/OT each once per rotation.)

SUPPORT SERVICES EXPOSURE. Alternating Friday PM (PT and OT). Physical Medicine Wednesday AM twice per month. Brace Shop/POD twice per month on alternating Friday AM.

CONFERENCES. Yes.

CALL REQUIRED. FP call.

PRESENTATIONS. One Grand Rounds equivalent presentation on primary care sports related topic agreed upon between resident and sports medicine coordinator. Research time allotted on Week 4 Wednesday AM and MASM presentation last Tuesday of rotation (week 5).

SUGGESTED READINGS:

-- Hoppenfeld's Physical Examination of the Spine and Extremities.
-- Snider: Essentials of Musculoskeletal Care.
-- Mellion: The Team Physician's Handbook.
-- Lillegard: Handbook of Sports Medicine.
-- Reid: Sports Injury Assessment and Rehabilitation.
-- O'Connor: Running Medicine.

Specific Goals for Sports Medicine.

-- Appreciate the medical application of sports in his/her practice.
-- Supplement and integrate the orthopedic knowledge with the medical aspects of athletics and sport.
-- Incorporate the practice of a healthy lifestyle and wellness promotion through the use of sport and exercise in the practice of family medicine.
-- Present a selected sports medicine topic (MASM) in both written and audio/visual format to the Sports Medicine Coordinator and/or at Family Practice Grand Rounds.
-- Participate in at least three half-days per week of physical therapy, occupational therapy, physical medicine, brace shop or orthopedic knee clinic.
-- Familiarize oneself with the appropriate application of and consultation for EMG/NCV while with physical medicine.
-- Apply the current physical therapy and occupational therapy modalities in clinical practice.
-- Awareness of the prevalence and side effects associated with performance supplements and over-the-counter preparations.
-- Evaluate patients with the Sports Medicine Coordinator in two half-day clinics per week, with an average of eight patients per clinic.
-- Demonstrate proficiency in performing a pre-participation examination and exercise prescription for athletes of all age groups.
-- Familiarize oneself with the responsibilities of a team physician and assist in community health promotion activities or special event coverage with the Sports Medicine Coordinator.

Psychomotor Skills.

-- Demonstrate a thorough examination of the shoulder, elbow, wrist, hip, knee, ankle and spine with an expanded differential diagnosis. Exam techniques will be taught and demonstrated during patient encounters as well as separate training sessions. Proficiency is necessary for successful completion of the rotation.
-- Attempt adequate reduction of simple phalangeal fractures with appropriate immobilization.
-- Demonstrate and attempt appropriate injection techniques of a subacromial bursitis, trigger finger, and pes anserine bursitis.
-- Understand the appropriate indications for aspiration of an acute hemarthrosis of the knee and ganglion cyst.
-- Differentiate acute from chronic back pain. Recognize and manage appropriately "red-flag" symptoms and signs.
-- Differentiate acute versa chronic myofascial syndromes.
-- Differentiate medial tibial stress syndrome, stress fracture and compartment syndrome.
-- Order and interpret appropriate radiological and laboratory studies in the context of sports medicine and holistic medicine.

Evaluation.
-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.
-- Lecture presentation of the medical aspects of sports medicine.

Prepared September 1995 by MAJ Kenneth B. Batts, D.O.
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Updated September 1999 by MAJ John E. Glorioso, M.D.
Reviewed/Revised August 2001 by MAJ Mark Reeves, M.D.
Updated August 2002 by LTC Kenneth B. Batts, D.O.
Updated March 2003 by LTC Kenneth B. Batts, D.O.
Reviewed August 2003 and minor changes made.

SPORTS MEDICINE – KANEOHE BAY BRANCH MEDICAL CLINIC

Administrative Information.

LENGTH. Four weeks.
STATUS. Required for PGY 3. Elective for PGY 2.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Three
ROTATION TEMPLATE:

		Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	**AM**				Radiology	SMART (KB)
	PM				Radiology	SMART (Mak)
Week 2	**AM**	SMART	FMC	FMC	Radiology	SMART (KB)
	PM	SMART	FMC	Didactics	Radiology	SMART (Mak)
Week 3	**AM**	SMART	FMC	FMC	Radiology	SMART (KB)
	PM	SMART	FMC	Didactics	Radiology	SMART (Mak)
Week 4	**AM**	SMART	FMC	FMC	Radiology	SMART
	PM	SMART	FMC	Didactics	Radiology	SMART
Week 5	**AM**	SMART	FMC	FMC		
	PM	SMART	FMC	Didactics		

Resident will be responsible for calling the following to set up his/her sports medicine rotation.

POC: LCDR Karlwin J. Matthews, M.D., Department Head, SMART Center: 473-2444, ext. 537.
POC: Dr. Lindell, Staff radiologist TAMC (musculoskeletal).

FM MORNING REPORT ATTENDANCE REQUIRED. Yes. Tuesday, Wednesday and Thursday.
FM WEDNESDAY AFTERNOON LECTURES REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. No.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to Sports Medicine.

PATIENT RESPONSIBILITIES:
OUTPATIENTS. Yes, follow-ups and new consults.
INPATIENT CONSULTS. No.
INPATIENT CARE. No.
SCHEDULED REQUIREMENTS:
CONFERENCES. Yes.
CALL REQUIRED. FP call.
SUGGESTED READINGS:
-- Hoppenfeld's Physical Examination of the Spine and Extremities.
-- Snider: Essentials of Musculoskeletal Care.
-- Mellion: The Team Physician's Handbook.
-- Lillegard: Handbook of Sports Medicine.
-- Reid: Sports Injury Assessment and Rehabilitation.
-- O'Connor: Running Medicine.

Specific Goals for Sports Medicine.

-- Appreciate the medical application of sports in his/her practice.
-- Supplement and integrate the orthopedic knowledge with the medical aspects of athletics and sport.
-- Incorporate the practice of a healthy lifestyle and wellness promotion through the use of sport and exercise in the practice of family medicine.
-- Familiarize oneself with the appropriate application of and consultation for EMG/NCV while with physical medicine.
-- Awareness of the prevalence and side effects associated with performance supplements and over-the-counter preparations.
-- Evaluate patients with the Sports Medicine Coordinator in four half-day clinics per week (SMART clinic), with an average of eight patients per clinic.
-- Demonstrate proficiency in performing a pre-participation examination and exercise prescription for athletes of all age groups.
-- Familiarize oneself with the responsibilities of a team physician and assist in community health promotion activities or special event coverage with the Sports Medicine Coordinator.
-- Familiarize oneself with anatomy as seen on radiographic films and appreciate abnormalities (fractures, torn ligaments, etc) as supervised by radiology staff.

Psychomotor Skills.

-- Demonstrate a thorough examination of the shoulder, elbow, wrist, hip, knee, ankle and spine with an expanded differential diagnosis. Exam techniques will be taught and demonstrated during patient encounters as well as separate training sessions. Proficiency is necessary for successful completion of the rotation.
-- Attempt adequate reduction of simple phalangeal fractures with appropriate immobilization.
-- Demonstrate and attempt appropriate injection techniques of a subacromial bursitis, trigger finger, and pes anserine bursitis.
-- Understand the appropriate indications for aspiration of an acute hemarthrosis of the knee and ganglion cyst.
-- Differentiate acute from chronic back pain. Recognize and manage appropriately "red-flag" symptoms and signs.
-- Differentiate acute versus chronic myofascial syndromes.
-- Differentiate medial tibial stress syndrome, stress fracture and compartment syndrome.
-- Order and interpret appropriate radiological and laboratory studies in the context of sports medicine and holistic medicine.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared May 2004 by LCDR Karlwin J. Matthews, M.D.

TRISARF

Administrative Information.

LENGTH. Four weeks.
STATUS. Elective for PGY 3.
MAXIMAL ABSENCE (COMBINED LEAVE/TDY) DURING ROTATION. One week.

Responsibilities to Family Medicine.

NUMBER OF HALF-DAYS EACH WEEK IN FM CLINIC. Four.
PREFERRED FM CLINIC TIMES. Monday, Tuesday, Thursday and Friday PM.
FM MORNING REPORT ATTENDANCE REQUIRED. No.
FM WEDNESDAY AFTERNOON LECTURES REQUIRED. Yes.
FM BEHAVIORAL SCIENCE LECTURE REQUIRED. Yes.
FM AFTER-CLINIC CONFERENCE (1615 – 1645) REQUIRED. Yes, when in FM clinic.
FM CALL REQUIRED. Yes.
RESPONSIBLE FOR HOSPITALIZED FM PANEL PATIENTS. Yes.
RESPONSIBLE FOR FM OB PANEL PATIENTS. Yes.

Responsibilities to TRISARF Service.

PATIENT RESPONSIBILITIES:
OUTPATIENTS (SCHEDULED/CONSULTS). Yes.
MORNING REPORT. Daily 0745 – 0830.
TREATMENT PLANNING MEETING. Daily 0830 – 1000.
SCHEDULED REQUIREMENTS:
THERAPY GROUP. Daily 1000 – 1200.
SPOUSE GROUP. Tuesday 1700 – 1900.
COUPLES GROUP. Thursday 1700 – 1900.

Specific Goals for TRISARF Rotation.

-- Improve recognition and understanding of treating the alcoholic and the development of a model of recovery by attending one on-going recovery group for four weeks and by:
-- Working with case manager.
-- Under supervision work with one individual in program.
-- Develop a treatment plan for the individual.
-- Increase understanding of the family dynamics in home of an alcoholic by:
-- Working with the family therapist.
-- Attending family counseling sessions and attend family group sessions.
-- Under the supervision of the family therapist, select a family to work with directly:
-- Complete an assessment of the families current functioning and future needs as that relates to the alcoholic's recovery.
-- Develop a treatment plan for the family and help them implement the plan.
-- Visit Bobby Benson Home to develop an understanding of the needs of adolescent alcoholics.
-- Develop an appreciation of the demands of recovery after the treatment phase by attending two meetings per week (these may be AA, ALANON, Adult Children of Alcoholics, NA, OA).
-- Complete readings on alcohol abuse and the effects on the family.
-- Work with the Chaplain in understanding the role of spirituality in healing.
-- Go on field trip with TRISARF group.
-- Attend a CREDO weekend.
-- Case presentation on the individual and/or family followed to the FM department within four weeks of the end of the rotation.
-- Understand the psychosocial implications of and the long-term treatment for patients who have the following:
-- A family member who is an alcoholic.
-- A patient who is alcohol dependent.

-- Understand the management of drug and alcohol detoxification.
-- Appreciate the overlap of physical and psychological alcohol addiction and the effects on the entire family.
-- Understand how to appropriately refer to inpatient and/or outpatient treatment and how to use addiction counselors as consultants.

Psychomotor Skills.

-- Interviewing skills.
-- Group counseling skills.
-- Couples counseling skills.

Evaluation.

-- Online evaluation (MyEvaluations.com) upon completion of rotation.
-- Direct observation on rotation.
-- Informal feedback throughout rotation.

Prepared May 1997 by Ms. Pamela Haynes, ACSW
Reviewed May 1997 by Dr. Thomas Ditzlar, TRISARF
Reviewed/Revised May 1999 by LTC Mary J. Wyman, M.D.
Reviewed/Revised September 2000 by Ms. Pamela Haynes, ACSW
Updated February 2002 by Ms. Pamela Haynes, DCSW
Reviewed June 2002 and minor changes made.
Reviewed March 2004 and minor changes made.